

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1947

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3130
803
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2830 Lyon Street
(d) Length of stay: 14 years

3. (a) PRINT FULL NAME: EASTER SMITH
3. (b) If veteran, name war: Nil
3. (c) Social Security No.: none

4. Sex: F / 5. Color or race: W
6. (a) Single, widowed, married, divorced: M /
6. (b) Name of husband or wife: Charles
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: April 10, 1887

8. AGE: Years 59 Months 9 Days 11
If less than one day hr. min.

9. Birthplace: Hendrickson, Missouri

10. Usual occupation: Housewife

11. Industry or business: at home

MOTHER FATHER {
12. Name: Louis Davenport
13. Birthplace: Illinois
14. Maiden name: Nannie White
15. Birthplace: Tennessee

16. (a) Informant: Charles Smith
(b) Address: 2830 Lyon Street

17. (a) burial (b) Date thereof: 1-24-47
(c) Place: burial or cremation: Hendrickson, Missouri

18. (a) Signature of funeral director: A.W. McLaughlin
(b) Address: 2301 Lafayette Ave. St. Louis

19. (a) Signature: J. F. Breder
(Date received and recorded): JAN 23 1947

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2830 Lyon Street
(e) Citizen of foreign country? NO

20. DATE OF DEATH: Month January day 21st
year 1947 hour 5:45 minute M.
21. I hereby certify that I attended the deceased from June 1946 to June 1947
that I last saw her alive on June 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Arteriosclerosis
Due to: 9H

Other conditions: 2:1 heart block
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
3. Signature: James C. Shy (M. D. or other) MD
Address: 4047 1/2 Ave. Union, St. Louis
Date signed: 1/23/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.