

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 27 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **3134**  
Registrar's No. **470**

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County St. Louis Mo.

(b) City or town Irene Smith  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Irene Smith

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** None

**4. Sex** Female **5. Color or race** Col

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Clarence Smith

**6. (c) Age of husband or wife if alive** 49 years

**7. Birth date of deceased** April 21, 1890  
(Month) (Day) (Year)

8. AGE:				If less than one day
Years	Months	Days		
<u>56</u>	<u>8</u>	<u>22</u>		hr. min.

**9. Birthplace** Jackson, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**12. Name** Unknown

**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**14. Maiden name** Unknown

**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Clarence Smith

**(b) Address** 3723 Windsor Place.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 1/16/47  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Washington Park

**18. (a) Signature of funeral director** C. W. Roberts

**(b) Address** 1416 N. Taylor Ave.

**19. (a) (Date received local registrar)** JAN 15 1947 **(b) (Registrar's signature)** J. F. Bredeek

**2. USUAL RESIDENCE OF DECEASED:**  
Missouri

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3723 Windsor  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan. day 12  
year 1947 hour 6 minute 5 A. M.

**21. I hereby certify that I attended the deceased from** 1-8, 19 47 to 1-12, 19 47  
and that death occurred on the date and hour stated above.

that I last saw h. er. alive on Jan 12, 19 47

Immediate cause of death Degenerative Heart Disease with Decompensation  
**Duration** Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy No

**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? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**23. Signature** E. B. Williams (M. D. or other)

**Address** 2601 N. Whittier **Date signed** 1/14/47

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

MOTHER FATHER

11 17 9 0

*[Handwritten signature]*

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**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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St. Louis 13 Mo.

**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.**