. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19371

Registration District No. 318 #70384 Primary Registration District No. 1003 Registrar's No. 5489

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County —
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3510 Shenandoah Memorial (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 17 0
If yes, name country

3. (a) PRINT FULL NAME AMELIA SMITH
3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan (Month) 1 (Day) 1880 (Year)

8. AGE: Years 67 Months 5 Days 2 If less than one day hr. — min.

9. Birthplace Near Nashville Illinois (City, town, or county) (State or foreign country)
10. Usual occupation housework for self.
11. Industry or business —
FATHER
12. Name Wm Frederking
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Gerfen
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Chas. Smith
(b) Address 3510 Shenandoah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUN 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery
18. (a) Signature of funeral director J. D. Mann
(b) Address Nashville Illinois
19. (a) JUN 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1947 hour 1:45 minute A M.
21. I hereby certify that I attended the deceased from 4/16/47 19 , to June 3rd, 1947 that I last saw her alive on June 3rd, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (brain stem)
Due to Arteriosclerotic heart disease
Due to
Other conditions Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Quentin Mann (M. D. or other)
Address 1515 Lafayette Date signed 6/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J D Mann

Licensed Embalmer No. Ill. 5040

P. O. Address Nashville, Ill.

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.