S. No. 2
OM—5-43
v. 5-17-39.
o I X3667I

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 36275

Registrar's No. 9359

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:
5567 Maple Avenue.,
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5567 Maple Avenue., 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 5 No

If yes, name country

3. (a) PRINT FULL NAME John E. Small

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-9436

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Martha Small

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) 21 (Day) 1878 (Year)

8. AGE: Years 69 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Carmi (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Cashier

11. Industry or business

FATHER
12. Name Sam Small
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Lucinda Price
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Martha Small
(b) Address 5567 Maple Avenue.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Carmi, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) OCT 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1947 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3/7, 1946, to 9/30, 1947; that I last saw him alive on 9/30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	24 hours
Due to: Myocarditis with extreme cardiac hypertrophy and dilatation	2 years
Due to:	
Other conditions (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? (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 O

23. Signature Milton A. Spitz (M. D. or other)

Address 462 N. Taylor Date signed 10/9/47

(Licensed Embalmer's Statement on Reverse Side) Milton A Spitz

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 John L. Dennehy

Licensed Embalmer No. 4194

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.