

FILED JAN 9 1948
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 43500
Registrar's No. 12033

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 6011 Horton Pl.
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Grace Smith
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carl Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 29, 1884.

8. AGE: Years 63 Months 6 Days 1
If less than one day hr. min.

9. Birthplace Illinois
10. Usual occupation Retired
11. Industry or business
12. Name Jackson Smith
13. Birthplace Illinois
14. Maiden name Unknown
15. Birthplace Illinois

16. (a) Informant William Smith
(b) Address 6011 Horton Place
17. (a) Burial (b) Date thereof Jan. 2/48
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) DEC 31 1947 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 6011 Horton Pl.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. 30 day
year 1947 hour 2.10 minute P.M. M.
21. I hereby certify that I attended the deceased from Nov 11 1947 to Dec 30 1947
that I last saw her alive on Dec 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
Due to: Cardiac Vascular disease
Other conditions: None
Major findings: None
Of operations: None
Of autopsy: None
Duration
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) None
(b) Date of occurrence
(c) Where did injury occur? None
(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
23. Signature: J. W. Clark (M. D. or other) MO
Address: 1125 Barbou Date signed

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

MOTHER FATHER

7-1-71
W. J. ...

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..... *Alfred J. Boedecker*

Licensed Embalmer No..... 2663

P. O. Address..... 1125 Hodiament Ave.,

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.