No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3105 613

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(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 7days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4337 Cote Brilliante
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lettie Smith

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race Cd.

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

6. (b) Name of husband or wife Wm T. Smith

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

7. Birth date of deceased Dec. 26 (Month) 1882 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Frederick McKinney
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

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

16. (a) Informant Wm T Smith
(b) Address 4337 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1948 hour 7 minute 5 p M.

21. I hereby certify that I attended the deceased from Jan. 12, 1948 to Jan. 19, 1948 that I last saw her alive on Jan. 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage with Uremia	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 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 Herbert J Crum (M. D. or other)
Address 2601 N Whittier Date signed 1/20/48

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 Guy SHELTON, Registered Apprentice No. 3, working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.