FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18032

Primary Registration District No. 1003

Registrar's No. 4999

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's ~~Hospital~~ Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community Since 1927

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County 000

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

(d) Street No. 3516 Laclede 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Helena Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Colored

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 Feb. (Month) 14th (Day) 1896 (Year)

8. AGE: Years 52 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name John Butler

13. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Taylor

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

16. (a) Informant Fredrick Coleman

(b) Address 3516 Laclede

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernie Love

(b) Address 3103 Washington

19. (a) JUN 1 1948 (Date received by local registrar) (b) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 27 day year 1948 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 10, 1948, to May 27, 1948, that I last saw her alive on May 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Encephalopathy	3 days
Due to: Hypertensive Heart Disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 [illegible] (M. D. or other)

Address 110 So. N. Sarah Date signed 5-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 4 CARBONS

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.