

STANDARD CERTIFICATE OF DEATH

State File No. 1808
 Registrar's No. 4896

U.S. National Office of Vital Statistics
 FILED JUN 7 1948
 Registration District No. 198

Primary Registration District No. 1003

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

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: Deaconess Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 7036 Winona
3 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Vera Jean Smith

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased..... May 26 1948
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	15 hr. _____ min

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Lawrence Smith

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

14. Maiden name Celestine O'Brien

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

16. (a) Informant Lawrence Smith
 (b) Address 7036 Winona

17. (a) Burial (b) Date thereof 5-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
 (b) Address 4228 So. Kingshighway Bl.

19. (a) MAY 28 1948 (b) J. G. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
 year 1948 hour 10:47 minute 28 M.

21. I hereby certify that I attended the deceased from May 26 - 6:59 AM 1948 May 26 - 10:47 PM
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Prematurity
comp 3 weeks.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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 Chas Brown (M. D. or other)
3500 Cambridge Way Date signed 5/28/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.

No Embalming

Signed *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.