

FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35213  
Registrar's No. 2538

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: O'Sullivan Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Months  
(Specify whether  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 58 Beacon Ave.  
(If rural, give location)  
(e) Citizen of foreign country? --- (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME

Samuel G. Smith

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Berta Libby Smith 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased November 10 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 21 If less than one day  
hr. min.

9. Birthplace Pulaski Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Managing Editor

11. Industry or business Waterways Journal

12. Name Phelix R. R. Smith

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

14. Maiden name Cynthia Rhodes

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

16. (a) Informant Mrs. Berta Smith

(b) Address Ferguson, Missouri

17. (a) Cremation (b) Date thereof 11/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo

19. (a) 11-3-48 (b) Carol A. Stapp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31  
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948, to Nov 30, 1948.  
that I last saw him alive on Nov 30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to Senility

Due to Progressive Muscular Atrophy

Other conditions (Include pregnancy within 3 months of death) 95C

Major findings: Of operations

Of autopsy

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)

(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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Chas. Schmidt (M. D. or other) Do.

Address 130 S. Ferguson Rd. Date signed 11/7/48

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

MOTHER, FATHER

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**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 R. M. White

Licensed Embalmer No. 3973

P. O. Address Perguson, Mo.

**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.**