S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38659

Registrar's No. 10576

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: Missouri Pa cific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7dys (Specify whether
In this community 30. yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00 13

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

(d) Street No. 3625 Cass Ave
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oscar SMITH

3. (b) If veteran, name war

3. (c) Social Security No. 702-16-3798

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Alice

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) 2 (Day) 1888 (Year)

8. AGE: Years 60 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Arcola (City, town, or county) LA (State or foreign country)

10. Usual occupation Labor

11. Industry or business MO. PAC. RR

FATHER
12. Name Sam Smith Maryland
13. Birthplace (City, town, or county) Maryland (State or foreign country)

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

16. (a) Informant Alice Smith
(b) Address 3625 Cass Ave

17. (a) Buril (Burial, cremation, or removal) (b) Date thereof Dec 9.48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemt

18. (a) Signature of funeral director S. J. Watson
(b) Address 2760 Chouteau

19. (a) DEC 6 1948 (Date received local registrar) (b) J B Lasates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5th year 48 hour 2 minute 15 a.m.

21. I hereby certify that I attended the deceased from 11-29, 1948, to 12-5, 1948; that I last saw him alive on 12-5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro vascular accident	
Due to Hypertensive vascular disease	
Due to Arteriosclerosis Rt. hemiplegia	60 hrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Leland E. Hosts (M. D. or other) MD
Address Mo Pac Hosp Date signed 12-5-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 2695

P. O. Address 2769 Chouteau

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.