

FILED JUN 22 1942
 Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 5144

WRITE PLAINLY—USE 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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 32 days
(Specify whether
 In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Lorene Smith
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / race White / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lone E Smith
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased June 3, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	0	8 hr. min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER

12. Name James L. Terrell
 13. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Hardesty
 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Lon E Smith
 (b) Address 8807 Scott Ave Jennings

17. (a) Burial (b) Date thereof 6/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) JUN 13 1942 J. F. Prudeck
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Jennings
(If outside city or town limits, write "RURAL")
 (d) Street No. 8807 Scott Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
 year 1942 hour 11:50 PM minute..... M.

21. I hereby certify that I attended the deceased from May 6, 1942, to June 11, 1942
 that I last saw her... alive on June 11, 1942
 and that death occurred on the date and hour stated above:

Immediate cause of death Hypertensive heart disease
 Duration syro

Due to.....
 Due to.....

Other conditions Diabetes mellitus
(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?

While at work..... (Specify type of place)
 (e) Means of injury.....
 23. Signature Silbert Wright (M. D. or other) 0
 Address Mo. Poe Hosp. Date signed 6-12-42

St. Louis, Mo

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..... *Francis A. Williamson*.....

Licensed Embalmer No. *3565*.....

P. O. Address..... *St Louis 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.