

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 21 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8481

1. PLACE OF DEATH:

(a) County St. Louis
(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 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 129
(If outside city or town limits, write "RURAL")
(d) Street No. 327 N. Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Blanche Smith

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Dr. M.T. Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 30th., 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 11 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John O. Ackerson

13. Birthplace Unk. 7
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Fowler

15. Birthplace Unk. 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie O'Riordan

(b) Address 327 N. Taylor Ave.

17. (a) Burial (b) Date thereof 10-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Nonnelly
7840 Lindell Blvd.

(b) Address _____

19. (a) OCT 13 1942 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th.,
year 1942 hour 3 minute 40 a. M.

21. I hereby certify that I attended the deceased from June
1936 to Oct 11, 1942
that I last saw her alive on Oct 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage Duration _____

Due to Hypertension and arterial disease

Due to _____

Other conditions Infective phlebitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy mit. 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? _____ (c) Means of injury _____

23. Signature Kenneth O. Wilson (M. D. or other) _____

Address 3720 Washington Date signed 10-12-42

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

MOTHER FATHER

844 (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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.