S. No. 2
M—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3560

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 77

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1412 Gardenia Dr.
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town 1412 Gardenia Drive.
(If outside city or town limits, write "RURAL")
(d) Street No. Webster Groves,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Graham G. Smith
3. (b) If veteran, name war None
3. (c) Social Security No. 493-09-4186
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verneice Smith
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Jan. (Month) 31 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
55	11	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Traffic Manager
11. Industry or business McQuay Norris
FATHER
12. Name William R. Smith
13. Birthplace (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name Selena Jones
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Verneice Smith
(b) Address 1412 Gardenia Dr., Webster
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) JAN 13 1943 (Date received by local registrar) (b) E. G. McGarry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1943 hour 6 minute P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. — Duration
Due to Chronic Myocarditis; Arterio sclerosis.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes.

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 (M.D. or other)
Address Kirkwood, Mo. 1/11/43 Date signed

(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.....Louis H Bapp.....

Licensed Embalmer No.....

P. O. Address.....921.....

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.