

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 716

ED APR 15 1943
Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (Koch, Mo.)
(c) Name of hospital or institution: Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 961 days
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Hyperhadine Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GRACE SMITH
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 24
year 1943 hour 6 minute AM
21. I hereby certify that I attended the deceased from 8-3-40
1940 to 3-24-43 1943;
that I last saw her alive on 3-24-43 1943;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 12 1958
(Month) (Day) (Year)

Immediate cause of death Chr. Pulmonary Tuberculosis Duration 4 yrs. (?)
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 95 Months 1 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerical

11. Industry or business ?

MOTHER FATHER { 12. Name E. H. Smith
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Frances A. Treadway
15. Birthplace Conn. (City, town, or county) (State or foreign country)

16. (a) Informant Records at Koch Hosp.
(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Jones
(b) Address 6175 Delmar Blvd.

19. (a) 3-26-43 (Date received local registrar) (b) E. S. McQuerry (Registrar's signature)

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) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address St. Louis Hospital Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

working under my personal supervision.

Abdominal autopsy
Registered Apprentice No.

Signed *Geo. E. McCulloch*
.....

Licensed Embalmer No. *2460*
.....

P. O. Address..... *6170 Pelmar*
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.