

U. S. No. 2  
OM-5-42  
Rev. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20047

FILED JUN 25 1943 8

State File No. \_\_\_\_\_  
Registrar's No. 5512

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

1. PLACE OF DEATH: St Louis  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: 2727 a Gamble St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 5 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Lula Smith

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

4. Sex: Female  
5. Color or race: Col  
6. (a) Single, widowed, married, divorced: 2 Widow

6. (b) Name of husband or wife: Widow  
6. (c) Age of husband or wife if alive: 1895 years

7. Birth date of deceased: Sept 11th 1895  
(Month) (Day) (Year)

8. AGE: Years 47, Months 10, Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Aberdeen Miss. /  
(City, town, or county) (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business: Plez Eddie

12. Name: Aberdeen Miss. /

13. Birthplace: Carolina Franklin  
(City, town, or county) (State or foreign country)

14. Maiden name: Lillian Patton  
(City, town, or county) (State or foreign country)

15. Birthplace: \_\_\_\_\_

16. (a) Informant: 2727 a Gamble St

(b) Address: \_\_\_\_\_

17. (a) Burial (b) Date thereof: 6-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Ellis Fun, Home  
(b) Address: 2820 Stoddard St

19. (a) JUN 16 1943 J. F. Brudack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: 00021  
(c) City or town: St Louis.  
(d) Street No.: 2727 Gamble St (If rural, give location) 9  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13th  
year 1943 hour 8 minute 30 P.-M.

21. I hereby certify that I attended the deceased from 6/2/43 to 6/13/43  
that I last saw her alive on 6/13/43  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis, Hemiplegia of rt. side & Carcinoma of breast

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy, within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy: Clinical

Duration \_\_\_\_\_  
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? \_\_\_\_\_  
(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: E. J. Brudack (M. D. or other)  
Address: 3100a Lucas Date signed 6/14/43

44K

**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 Tommy Boyer, Registered Apprentice No. EM working under my personal supervision.

Signed Tommy Boyer  
Licensed Embalmer No. 2946  
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.**