

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
4560a Wichita Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17/8
(d) Street No. 4560a Wichita Avenue
(If rural, give location) 9/8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLEN MAHURAN SMITH

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

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

6. (b) Name of husband or wife John Smith 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased 6 1 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 23 hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name William Fraser

13. Birthplace District of Columbia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gayhart

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

16. (a) Informant Mrs. D ocia Laney

(b) Address 4560a Wichita Avenue

17. (a) Burial (b) Date, where, 8-26-1943
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Fraser Cemetery, Dent Co.

18. (a) Signature of funeral director Independent Sons

(b) Address 6175 Delmar Blvd.

19. (a) AUG 26 1943 J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1943 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1938 to Aug 24 1943
that I last saw her alive on Aug 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease
Arteriosclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 W. E. Matlock (M. D. or other) MD

Address 4020 Choutan Ave Date signed 8/25/43

Duration 5 yrs
18 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Matlock 3 to 6 P.M.
4030 Chouteau New. 0144

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.