S. No. 2
M—2-43
5-17-39
I X3566

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33562

FILED NOV 1 1943

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9361

1. PLACE OF DEATH:
(a) County —
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES O HOSPITAL
(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 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County NONE
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2519 S. 9TH ST.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME ALICE ETHEL SMITH
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced /
6. (b) Name of husband or wife EDGAR SMITH
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased DEC. (Month) 2 (Day) 1916 (Year)

8. AGE: Years 26 ~~27~~ | Months 10 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace HERRIN (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER
12. Name CHARLES GREGORY
13. Birthplace CENTRAL CITY KY. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name DOVIE LYELL
15. Birthplace GREENVILLE KY. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charles Gregory
(b) Address Herrin Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation HERRIN ILLINOIS
18. (a) Signature of funeral director Carbondale Funeral Home
(b) Address Carbondale Ill
19. (a) OCT 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 21 year 1943 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from OCT. 5, 1943 to OCT. 21, 1943; that I last saw her alive on OCT. 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Chronic pyelonephritis	
Due to Hypertensive cardiovascular disease	
Other conditions (Include pregnancy within 3 months of death) Non-calculous pyelonephritis	

Major findings:
Of operations
Of autopsy

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 J. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 10/21/43

(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 No Embalm

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Kelter

Licensed Embalmer No. 3880

P. O. Address.....

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.