

S. No. 2  
M-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36094

FILED DEC 3 1943

Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 10246

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. SA LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
CITY HOSPITAL 0 3 DAYS  
(If not in hospital or institution, write street number or location)  
Max C. Garrison Memorial  
(d) Length of stay: In hospital or institution. 4 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County \_\_\_\_\_  
(c) City or town. St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3911 N 9th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD D SMITH  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 25, year 1943 hour 12:20 minute A. M.  
21. I hereby certify that I attended the deceased from November 22, 1943 to November 25, 1943  
that I last saw him alive on November 25, 1943  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife. LENA SMITH 6. (c) Age of husband or wife if alive. 70 years  
7. Birth date of deceased. JULY 10 1867  
(Month) (Day) (Year)

Immediate cause of death. Cerebral Thrombosis with Right Hemiplegia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
76 4 15 hr. min.  
9. Birthplace. PENN (City, town, or county) (State or foreign country)  
10. Usual occupation. CARPENTER AND MILLWRIGHT  
11. Industry or business. RETIRED  
12. Name. EDWARD SMITH SR  
13. Birthplace. NOT KNOWN (City, town, or county) (State or foreign country)  
14. Maiden name. NOT KNOWN  
15. Birthplace. NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant LENA SMITH  
(b) Address 3911 N 9TH ST  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov 26  
(Month) (Day) (Year)  
(c) Place: burial or cremation. Memorial Park Cem  
18. (a) Signature of funeral director. Edward York  
(b) Address 3516 N 14th  
19. (a) NOV 26 1943 (Date received local registrar) J. F. Brudek (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(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 William D. Carr (M. D. or other) 11/26/43  
Address 1515 Lafayette Avenue Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Tomaypoc

**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.**