No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40572

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10734

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: 4007 Lee 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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis, Mo. 210
(If outside city or town limits, write "RURAL")
(d) Street No. 4137a Hull Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ADELBERT G. Smith, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna M. Smith (Mehrhoff

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 11, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	9	24	hr. min.

9. Birthplace (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Confectionery Store

FATHER
12. Name Albert Smith
13. Birthplace (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Della Gilfry
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mrs. Anna M. Smith
(b) Address 4137a Hull Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) DEC 7 1943 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1943 hour 12 minute 30 PM.

21. I hereby certify that I attended the deceased from Dec 1, 1943 to Dec 5, 1943 that I last saw him alive on Dec 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Disease	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 F. Morse (M. D. or other)
Address 607 N Grand Date signed 12/6/43

(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.....

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

working under my personal supervision.

Signed William G. Burkhol

Licensed Embalmer No. 2410 C

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.