S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29803

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8236

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: MO-BAPTIST-HOSPT. 4 days
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Granite - City
(If outside city or town limits, write "RURAL")
(d) Street No. 1750 OLIVE NB
(If rural, give location)
(e) Citizen of foreign country? ~~[illegible]~~ (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME SOPHIA SMITH

3. (b) If veteran, name war NO

3. (c) Social Security No. 332-20-6775

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ EDWIN

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased 9 (Month) - 14 (Day) - 1910 (Year)

8. AGE: Years 34 Months 0 Days 9 If less than one day hr. min.

9. Birthplace GRANITE-CITY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation CORE-MAKER

11. Industry or business GEN-STEEL-CASTINGS

FATHER
12. Name KIRO - NAUMOXX
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HELEN - TAROXX
15. Birthplace MACADONIA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Dieneff
(b) Address Argo Illinois

17. (a) Burial Removal (b) Date thereof Sept 27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ~~SUNSET HILL~~ Granite City, Ill.

18. (a) Signature of funeral director Charles E Mercer
(b) Address Granite - City - Illinois

19. (a) SEP 27 1944 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

SEP 27 1944 844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Sept 19, 1944, to Sept 23, 1944
that I last saw her alive on Sept 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis ē Hypertens Nephrosis — Duration 1 yr

Due to

Due to

Other conditions Secondary Anemia ?
(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 J. Mackaddy (M. D. or other)
Address Humboldt Bldg Date signed 9/25/44

(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 Charles E Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City Ill.

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.