

FILED NOV 1 1944
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
1021A N. Leffingwell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether
In this community 18 years years, months or days)

3. (a) PRINT FULL NAME Ophelia Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Jeff Smith 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 10 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 9 If less than one day hr. min.

9. Birthplace DeSoto Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Isiah Simmons

13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth ?

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

16. (a) Informant Jeff Smith

(b) Address 1021a N. Leffingwell Ave.

17. (a) Burial (b) Date thereof 10-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Ellis Funeral Home

18. (a) Signature of funeral director 2820 Stoddard St

(b) Address _____

19. (a) OCT 21 1944 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1021a N. Leffingwell Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1944 hour 5 minute 40 AM

21. I hereby certify that I attended the deceased from 9-12 1944, to 9-24 1944;
that I last saw her alive on 9-24 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Chr. Nephritis

Duration
Unk. Known
Unk. Known

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature A. E. Smith (M. D. or other) _____

Address 11 N. Jefferson Date signed 10-20-44

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 *Julian P. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *Shenandoah 13-270*

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.