

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1944

Registration District No. 318

Primary Registration District No. 1003

State File No. 36431
10026
Registrar's No.

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:
1405 Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether years, months or days) 14 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO 3
(c) City or town St. Louis 17 2-3
(If outside city or town limits, write "RURAL")
(d) Street No. 1405 Missouri 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Monroe L Smith

3. (b) If veteran, name war No 3. (c) Social Security No. 490-14-8674

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellie 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 7 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Restaurant

11. Industry or business Thompson

MOTHER, FATHER { 12. Name Thomas Smith
13. Birthplace Tenn. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Tenn. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Smith
(b) Address 2020 A Geyer Ave.

17. (a) Burial (b) Date thereof 11 / 25 / 44
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) NOV 25 1944 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1944 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Atherosclerosis
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 James P. Thompson 3
Address 1366 E. 13th Date signed 11/25/44

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

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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.

Not Embalmed

Signed *R. J. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.