S. No. 2
M—8-43
. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3606

FILED FEB 13 1945

Registration District No. 3174

Primary Registration District No. 3068

Registrar's No. 2763

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 (Specify whether years, months or days)
In this community: /

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 1205 Sidney St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): /
If yes, name country: /

3. (a) PRINT FULL NAME: Anise Smith
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George Smith
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 21, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	16	hr. min.

9. Birthplace: Tanaroa (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: at home
11. Industry or business: —

FATHER
12. Name: Winfield Curlee
13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anise Burlison
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: George Smith
(b) Address: 1205 Sidney St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 8, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cm.
18. (a) Signature of funeral director: Weick Bros.
(b) Address: 2201 S. Grand Bl.
19. (a) JAN 11 1945 (Date received local registrar) (b) E. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 7 year: 1945 hour: 4 minute: 30 A.M.
21. I hereby certify that I attended the deceased from July 4th, 1944, to Jan 7th, 1945, that I last saw her alive on Jan 6th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chr	7 Mos
Due to Rheumatism	
Due to 93	
Other conditions: Hemiplegia (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: B. Franklin O (M. D. or other)
Address: 574 S. Jefferson Av Date signed: 1/9/45

(Licensed Embalmer's Statement on Reverse Side)

On Franklin
1514 S Jefferson

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 A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.