

FILED FEB 13 1945
Registration District No. **317**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#13 Clayton Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

3. (a) PRINT FULL NAME ISABELLA LORD SMITH
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** 2 divorced Widowed
6. (b) Name of husband or wife. James Smith **6. (c) Age of husband or wife if** deceased years
7. Birth date of deceased. Jan 1853
(Month) (Day) (Year)

8. AGE: Years 92 Months 0 Days 28 If less than one day
hr. _____ min.

9. Birthplace Rochdale England 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
MOTHER FATHER { **12. Name** John Lord
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dawson
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Henry Smith
(b) Address 5873 Plymouth Ave.

17. (a) burial **(b) Date thereof** Feb. 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Son (Inc)
(b) Address 6175 Delmar Blvd., St. Louis.

19. (a) FEB 6 1945 **(b)** E. S. McLaughlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 196
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. #13 Clayton Terrace 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd
year 1945 hour 1:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 1 1930 to Feb 3 1945
that I last saw h. ER alive on Feb 2
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Myocarditis chr 10 yrs

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None 9/20
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)
Signature Howard Sheffer (M. D. or other)
Address 4500 Olive Date signed 2/4/45

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar, St. Louis*

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.