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

#41757
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15599

Registration District No. ..... Primary Registration District No. 11003 Registrar's No. 4144

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1. (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 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3942 Kennerly Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME EDWARD E. SMITH
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Eva Smith
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March (Month) 6 (Day) 1879 (Year)

8. AGE: Years 66 Months 2 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Morley (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Brake-man
11. Industry or business Railroad
FATHER
12. Name Elijah Carrol Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bridget Hughes
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Joyce Wood
(b) Address 3942 Kennerly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director Brockland and Co
(b) Address 1827 Hogan St.
19. (a) MAY 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1945 hour 3:30 minute A. M.
21. I hereby certify that I attended the deceased from May 5th, 1945 ....., 19....., to May 9th, 1945; that I last saw him alive on May 9th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Due to Syphilitic Aortitis + Valvulitis	
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 [signature] (M. D. or other)
Address 1515 Lafayette 5/9/45 Date signed .....

(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 John W Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.