. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32381

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9316

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: 3817 Iowa
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10-7-29
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. 3817 Iowa
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dorothy Jean 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, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 26th (Day) 1935 (Year)

8. AGE:

Years	Months	Days	If less than one day
10	7	29	hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation School Girl

11. Industry or business

FATHER
12. Name Arthur F.Smith
13. Birthplace Worster (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Fern Grupe
15. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Arthur F. Smith
(b) Address 1300 Chouteau

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-29-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Und. Co.
(b) Address 3013 Meramec

19. (a) OCT 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th.
year 1945 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 9-27, 1945, to Oct 24, 1945
that I last saw her alive on Oct 24, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic fever — Duration 3 MO

Due to

Due to

Other conditions Chronic Endocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92
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 Joseph L. Ferris (M.D. or other)
Address 4065 So Grand Date signed 10/26/45

(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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis Mo

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.