7. S. No. 2
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ev. 5-17-39
Type I X36671

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. 35867

FILED DEC 7 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10207

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether
In this community 86 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. 1901 Cora Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Smith

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie Smith

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

7. Birth date of deceased June (Month) 10th (Day) 1859 (Year)

8. AGE: Years 86 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ----

FATHER
12. Name John Smith
13. Birthplace Unavailable (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Jenny Smith
15. Birthplace Unavailable (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Odessa M. Wright
(b) Address 1901 Cora Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) NOV 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st year 1945 hour 1:10 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 1 1945, to Nov 21 1945, that I last saw him alive on Nov. 21 1945, and that death occurred on the date and hour stated above.

Immediate cause of death exhaustion — Duration 2 hours

Due to Aortic insufficiency

Due to Prostatic hypertrophy and glomerular nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations hypertrophy of prostate

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 W. B. Christian (M. D. or other)
Address ~~1905 Geyer Ave.~~ 11 N. Jefferson Ave Date signed 11/26/4

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.