

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Manchester  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Manchester Nursing Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**3. (a) PRINT FULL NAME** CORDELIA SMITH  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 1 one

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Josiah  
 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased Sept. 9, 1872  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 27  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name ? Bailey  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Joe Lukens  
 (b) Address Maplewood Bank & Trust Co.

17. (a) Burial (b) Date thereof Jan 8, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Lebanon Cem. St. L. Co.

18. (a) Signature of funeral director Jay B. Smith  
 (b) Address 7456 Manchester Ave, Maplewood, Mo.

19. (a) 1-10-46 (b) D. M. [Signature]  
 (Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JAN day 6  
 year 1946 hour 4 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from 7 MAY  
7, 1946, to JAN 6, 1946;  
 that I last saw him alive on JAN 4, 1946;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Senility

Duration

Due to Senility arteriosclerosis

Due to 97

Other conditions (Includes 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. J. Muller M. D. (M. D. or other) \_\_\_\_\_  
 Address 3507 [Address] Date signed 1-7-46

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

2185

FEB 1 1946

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 3454

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.