

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7955**  
Registrar's No. **1364**

I X35897

Registration District No. **100**  
**FILED FEB 20 1946**

Primary Registration District No. **100** Registrar's No. **1364**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6041 Waterman Avenue /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community 54 years

3. (a) PRINT FULL NAME Marguerite Smith

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

3. (c) Social Security No.....

4. Sex F. / 5. Color or race W.

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

6. (b) Name of husband or wife Dan W. Smith

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

7. Birth date of deceased May 10 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>8</u>	<u>27</u>	..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Benjamin Magee /

13. Birthplace Paducah, Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Burrows

15. Birthplace Thibodaux, La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dan W. Smith

(b) Address 6041 Waterman Avenue

17. (a) burial (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander Stone

(b) Address 6175 Delmar

19. (a) FEB 9 1946 (b) J. F. Bredeek  
(Date of registration) (Registrar's signature)

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. 6041 Waterman Avenue  
(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 7  
year 1946 hour 11: minute 53 P. M.

21. I hereby certify that I attended the deceased from Monday  
1946 to February 7, 1946;

that I last saw her alive on February 7, 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
hemorrhage

Due to Hypertensive cardiac  
vascular

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following: no

(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 [Signature] (M. D. or other) [Signature]

Address St. Louis, Mo. Date signed 2-8-46

Doc  
517  
9  
0

Duration  
2 hrs  
24 hr

PHYSICIAN  
[Signature]  
Underline the cause to which death should be charged statistically.

**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. Benwick*

Licensed Embalmer No.....

*3793*

P. O. Address.....

*6175 Helman*

**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.**