

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

32211  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15213**  
Registrar's No. **3827**

FILED MAY 21 1946  
Registration District No. **218**

Primary Registration District No. **1003**

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  
Max C. Starkloff Memorial  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 2417  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416 Dorcas Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EVERETT SMITH  
3. (b) If veteran, name war NIL  
3. (c) Social Security No. UNKNOWN  
4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ALTA SMITH  
6. (c) Age of husband or wife if alive 31 years  
7. Birth date of deceased Nov. 15 1903  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 26  
year 1946 hour 2:40 minute A M.  
21. I hereby certify that I attended the deceased from March 26, 1946, to April 26, 1946  
that I last saw him alive on April 26, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
42 5 11 hr. min.

Immediate cause of death Coronary Thrombosis Duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace FREDERICKTOWN, MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation FREIGHT LOADER  
11. Industry or business ANDERSON TRUCK LINE  
12. Name JAMES SMITH  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name JOSEPHINE WILSON  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
16. (a) Informant ALTA SMITH  
(b) Address 416 DORCAS AVE.  
17. (a) BURIAL (b) Date thereof 4-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FLAT RIVER, MO  
18. (a) Signature of funeral director Robert W. Hopper  
(b) Address 4700 Washington Blvd  
19. (a) APR 26 1946 (b) F. Bredbeck  
(Date received local registrar) (Registrar's signature)

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 W. H. Fitzgerald (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 4/26/46

(Licensed Embalmer's Statement on Reverse Side)

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

15213

---

**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..... *Elms R. Cadwall* .....

Licensed Embalmer No..... *4077* .....

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.**