

S. No. 2
DM-5-43
v. 5-17-39
I X3667

#29441
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15215

State File No.

Registrar's No. 3583

FILED MAY 31 1946
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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 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

3. (a) PRINT FULL NAME JAMES L. SMITH

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 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 September 6 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Insurance Agent

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph E. Smith

13. Birthplace Mobile Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Emily E. Shaw

15. Birthplace Salma Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Robert P. Smith

(b) Address 4040 Washington Blvd.

17. (a) Burial (b) Date thereof 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belefontaine Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 18 1946 (b) J. F. Breder
(Date received local registrar) (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")

4040 Washington Memorial
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1946 hour 3:10 minute P M.

21. I hereby certify that I attended the deceased from 4/11/46
to 4/17/46

that I last saw him live on 4/17/46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Co. Pulmonale

Duration 5 min.

Due to _____

Other conditions GH
(Include 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 place of place) (Means of injury)

23. Signature J. F. Breder (Date signed) 4/17/46
Address 515 Lafayette

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 Henry M. Brammer
Licensed Embalmer No. 4200
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.