

FILED MAY 31 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **18921**
4529

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. _____

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:
Park Plaza Hotel. 220 N. Kingshighway
(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)

3. (a) PRINT FULL NAME REBEKAH PROSSER SMITH.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Harry T. T. Smith. 6. (c) Age of husband or wife if alive 84. years
7. Birth date of deceased September 13, 1888.
(Month) (Day) (Year)

8. AGE: - Years 57. Months 8. Days 5. If less than one day hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Abel James Prosser.
13. Birthplace Marshall, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Ettie Eversole.
15. Birthplace Caladonia, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Omar R. Sevin.
(b) Address #45 Briarcliff,

17. (a) Burial. (b) Date thereof 5/21/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Briar Blv'd.

19. (a) MAY 20 1946 (b) J. Z. Bredbeck
(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")
Street No. Park Plaza Hotel. 220 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of blood
Legionnaire of bone marrow which
she found from the window
Due to
18 May 1946 about 9:00 AM
at home

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

Major findings: Of operations 164
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) suicide
(b) Date of occurrence May 18 1946
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industry, place, in public place?
Park Plaza Hotel
(Specify type of place) (e) Means of injury gun

23. Signature Patrick E. Taylor (M. D. or other) 3

Address Deputy Coroner Date signed 5-20-46

St. Louis Coroner

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.....

Don Paul Mosler....., Registered Apprentice No. *388*,
working under my personal supervision.

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address. *St. Louis, Mo.*.....

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.