S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22219

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5447

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:
3730 Grandel Square
(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 Illinois (b) County Calhoun 999

(c) City or town Batchtown
(If outside city or town limits, write "RURAL")

(d) Street No. NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Bertie Smith

3. (b) If veteran, name war Nil

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 William Smith

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 29 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name George Copter
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown Colbert
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Sadie Koster
(b) Address 3730 Grandel Square

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation Batchtown, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) JUN 19 1946 (Date received local registrar) (b) J. F. Bruneck (Registrar's signature)

JUN 19 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1946 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from 4-13-45, 19 , to 6-18, 1946
that I last saw her alive on 6-17-, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease — Duration 2 year

Due to —

Due to —

95

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. Conrad Malles (M. D. or other) M.D.

Address 819 Univ. Club Bldg. Date signed 6-18-46

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.