

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25736

State File No.

6719

FILED AUG 9 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(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: Barnes Hospital, 1)
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 20 days
In this community 21 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1124 Westrehan (If rural, give location) 269
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATTIE ARLENE SMALLWOOD

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 George Smallwood 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 10 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 20 hr. min.

9. Birthplace Kilnna Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER

12. Name John Burton Copeland

13. Birthplace Kilnna Mo
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Bishop

15. Birthplace Kilnna Mo
(City, town, or county) (State or foreign country)

16. (a) Informant George Smallwood

(b) Address 1127 Westrehan St Louis

17. (a) Burial (b) Date thereof Aug 21/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kilnna Mo

18. (a) Signature of funeral director Charles E. Merice

(b) Address Granite City Mo

19. (a) JUL 31 1946 (Date received local registrar) J. F. Inelick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 10 1946 to July 30 1946
that I last saw h. CR alive on July 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure
Due to bile peritonitis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 12/19
Of operations _____
Of autopsy _____

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 0
3. Signature FR Pradley (M. D. or other) 0
Address Barnes Hospital Date signed 7/31/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Charles E Mercer

Licensed Embalmer No. 2988

P. O. Address. Granite City Ill

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.