

No. 2  
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17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946

State File No. 32234  
Registrar's No. 7781

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(d) Length of stay: In hospital or institution 3 Weeks  
In this community 65 Yrs 7 Mons, 18 Days

3. (a) PRINT FULL NAME ESTHER SMITH  
3. (b) If veteran, name war n o  
3. (c) Social Security No.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Smith  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased 2 2 1881

8. AGE: Years 65 Months 7 Days 15  
If less than one day hr. / min.

9. Birthplace unknown Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Felix I. Crowe  
13. Birthplace Unknown Oklahoma  
14. Maiden name Mary Marsh  
15. Birthplace Un known Oklahoma

16. (a) Informant Charles E. Smith  
(b) Address 2811a N 22 St.

17. (a) Burial (b) Date thereof 9-10-46  
(c) Place: burial or cremation Oak Wood Cem, Alton, ILL.

18. (a) Signature of funeral director  
(b) Address 2228 St. Louis Ave.

19. (a) SEP 9 1946 (b) J. F. Bredbeck  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County o-a-o  
(c) City or town St. Louis  
(d) Street No. 2517 N 22 St. Memorial  
(e) Citizen of foreign country? no  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 7th  
year 1946 hour 12:01 minute A M.  
21. I hereby certify that I attended the deceased from 8/28/46  
19 to Sept. 7th 1946  
that I last saw her alive on Sept. 7th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia  
Cerebral vascular accident  
Due to Cerebral arteriosclerosis

Other conditions (Including pregnancy within 3 months of death)  
Psychosis organic brain  
Major findings: lesion of undetermined type.  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature 1515 Lafayette 9/7/46 or other  
Address Date signed 9/8/46

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

MOTHER, FATHER

**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 Joseph*

Licensed Embalmer No. *2777*

R. O. Address *At Home Me*

**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.**