

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946
Registration District No. 160

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41083
Registrar's No. 94

Primary Registration District No. 230.5592

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Festus Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sylvester Eddie Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-22-9254

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22 year 1946 hour 3 minute A M.
21. I hereby certify that I attended the deceased from held an inquest
Dec 22 1946 to _____ 19____

4. Sex M 5. Color of race W
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 December 22 1922
(Month) (Day) (Year)
8. AGE: Years 24 Months 0 Days 0 If less than one day _____ hr. _____ min.

that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above
Immediate cause of death Accidental death caused by burns in a burning building.
Due to _____
Due to _____

9. Birthplace Kaskaski, Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation glass worker

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

MOTHER FATHER } 11. Industry or business Edward Joseph Smith
12. Name Perry County Mo.
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Delia Mary Rayoum
15. Birthplace Kaskaski Ill.
(City, town, or county) (State or foreign country)

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) accident
(b) Date of occurrence 12/22/46
(c) Where did injury occur? Festus Rural Route
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home (Specify type of place)
While at work? no (e) Means of injury Burn

16. (a) Informant Rosa Lie Smith
(b) Address Crystal City, Mo.
17. (a) burial (b) Date thereof Dec. 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Festus Catholic Cemetary
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) Nov 23 1946 (b) Clara Brown
(Date received local registrar) (Registrar's signature)

23. Signature Clara Brown
Address Festus Mo Date signed 12/27/46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-30-46

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.....

Licensed Embalmer No. 3010

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.