. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7226
Registration District No. 379 Primary Registration District No. 3066 Registrar's No. 563

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 711 E. Madison Ave
(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)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 711 E. Madison Ave 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charlie Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Seperated
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28 (Day) 1882 (Year)
8. AGE: Years 65 Months 11 Days 4 If less than one day hr. min.
9. Birthplace Normday (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Chauffeau
11. Industry or business
FATHER 12. Name Anothy Smith
13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name Fannie Shorvey
15. Birthplace — (City, town, or county) ? (State or foreign country) 9
16. (a) Informant Turner Smith
(b) Address 1600 Withrow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director John W. Hemphill
(b) Address 408 S. Filmore Ave
19. (a) 3-10-47 (Date received local registrar) (b) Ruth Gellen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 5th year 1947 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from Dec. 12/944, 19..., to Mch 5, 1947, that I last saw him alive on Mch 4, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Fever	2 days
Due to Influenza 330	
Due to Do not know	
Other conditions Trauma Dig. Hemorrh.	
(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 0
23. Signature John T. Cunsky (M. D. or other) MD
Address 3[illegible] N. Kirkwood Rd Date signed 3-7-47
Kirkwood Mo

(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.....

Licensed Embalmer No.....

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.