

Registration District No. 317

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood Mo.  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Maplewood 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7345 Elm 3  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ella S. Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. / race W. 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced D. 3

6. (b) Name of husband or wife Orriok 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 25 1870  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>76</u>	<u>4</u>	<u>24</u>	hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Wm. Lyman Thomas 0

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

14. Maiden name Kate Sutton 0

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

16. (a) Informant Frank Smith  
(b) Address 7345 Elm Ave.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester, Maplewood Mo.

19. (a) 2-25-47 (Date received local registrar) (b) Ruth J. Allen, M.D. (Registrar's signature) 36

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/19/47 day \_\_\_\_\_ year 5 20 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to 2/19/47 1943  
that I last saw her alive on 2/17/47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis 10 days  
Plur. Cardio-respiratory 5 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) MD  
Address [Address] Date signed [Date]

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

6  
5  
3

MOTHER FATHER

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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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**