

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Side File No. **9721**
Registrar's No. **19**

Registration District No. **162**

Primary Registration District No. **23**

1. PLACE OF DEATH:
 (a) County **Jefferson**
 (b) City or town **Festus, 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
 years, months or days) **28 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jefferson** **50**
 (c) City or town **Festus**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **200 South Adams Street** **1**
 (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Joseph M. Smith**
 3. (b) If veteran, name war **--** 3. (c) Social Security No. _____
 4. Sex **Male** **2** 5. Color or race **Colored**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mamie J.** 6. (c) Age of husband or wife if alive **56** years
 7. Birth date of deceased **August 16, 1884**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **12,**
 year **1947** hour **10:45** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Nov. 17**
 19**46** to **March 11** 19**47**
 that I last saw him alive on **March 11** 19**47**
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
62	6	24	hr. min.

Immediate cause of death **Cancer of the lungs.**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **WHD**
 Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace **Coatseville Pa.** **1**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Retired**
11. Industry or business **Glass Factory Worker**
12. Name **Abraham Smith**
13. Birthplace **Unknown** **9**
 (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
 (City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Mamie J. Smith**
 (b) Address **Festus, Mo.**
17. (a) Burial (b) Date thereof **3-16-1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Crystal City, Mo.**
18. (a) Signature of funeral director **Anthony R. Palitte**
 (b) Address **Crystal City, Mo.**
19. (a) March 14, 1947 (b) **Oliver Brown**
 (Date received local registrar) (Registrar's signature)

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) Means of injury **0**
23. Signature **Robert Belgar** (M. D. or other) **0**
 Address **Festus, Mo.** Date signed **3/14/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/47

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 Gustaf P. Pelitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

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.