S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29542

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8098

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Sisters of Poor - 3225 North Florissant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs. (Specify whether
In this community 5
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave. 9
(If rural, give location)

26

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced S. O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 16th., 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	8	hr. min.

9. Birthplace Mobile Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Joseph L. Smith
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia E. Shaw
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane
(b) Address 3225 N. Florissant Ave.

17. (a) Burial (b) Date thereof 8-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 8-26-47 (b) J. F. Bridecke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th.,
year 1947 hour 10 minute p. M.

21. I hereby certify that I attended the deceased from March 4, 1947, 19 to August 24, 1947
that I last saw him alive on August 24, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to 131

Other conditions Chr. Interstitial Nephritis
(Include pregnancy within 8 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature A. A. Wild (M. D. or other) MD

Address 3901 W. Florissant Date signed 8/26/47

A. A. WILD

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3401 W. Pleasant
1 30 - 3 pm

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kendall

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.