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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 '947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33348

Primary Registration District No. 6076

Registrar's No. 2054

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Miller Nursing Home 8149 Gravois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 months. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ou

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

(d) Street No. 5746 Westminster 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SARAH ABAGAIL SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Salathel Smith

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

7. Birth date of deceased Jan. (Month) 8 (Day) 1854 (Year)

8. AGE: Years 93 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Mineral Point (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Levi N. Calvert
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Scott
15. Birthplace Washington Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Ewell Smith
(b) Address 5746 Westminster St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Bunker Bonne Terre Mo

19. (a) 10-3-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29th
year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 12th, 1947 to September 29, 1947
that I last saw her alive on September 28th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cardio-renal Disease	6 mo.
Due to: 131	
Due to:	
Other conditions: Chronic Arteriosclerosis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations no
Of autopsy no

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 W. H. Walters MD (M. D. or XXXX)
Address 3608 S. Grand Blvd. Date signed 10/3/47

(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 Clarence J Claywell

Licensed Embalmer No. 3786

P. O. Address Bonne Terre 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.