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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40199

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10886

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 4905 ALDINE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days) In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4905 ALDINE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella MAY SMITH
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Sam WILLIE SMITH
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased 10 (Month) 15 (Day) 1873 (Year)

8. AGE: Years 74 Months 1 Days 9 If less than one day hr. min.
9. Birthplace DALLAS (City, town, or county) TEXAS (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant A W SMITH
(b) Address 4905 ALDINE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CEM
18. (a) Signature of funeral director Boyd BROS
(b) Address 3704 FINNEY
19. (a) NOV 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 24 year 1947 hour 11 minute 50 P.M.
21. I hereby certify that I attended the deceased from October 23, 1947 to Nov 24 1947 that I last saw her alive on Nov 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	2yrs
Hypertensive heart	1 yr
Due to disease	
Due to Chr Nephritis	2 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 S. E. Mann (M. D. ~~or other~~)
Address 8097 N. Jefferson Date signed 11-28-47

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

APR 21 1948

APR 20 1948

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Page

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.

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B.C.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 10886

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears ..... , who, upon ..... oath, states that the original record of birth / death for Ella Smith died ~~born~~ 11-24-, 1947 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Ella Smith
Instead of Mary Smith

Item No. 6 B- should read Sam Smith
Instead of Willie Smith

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant [signature] Fem. Dir
Relationship.

3704 Finney
Present Address.

Subscribed and sworn to before me this 3 day of May, 1948

My Commission expires 3-4-49. Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
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