S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40558 40559

FILED NOV 29 1947

Registration District No. 317

Primary Registration District No. 6876

Registrar's No. 2442

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9034 Pilot
(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 Missouri (b) County St. Louis 96
(c) City or town St. Louis Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9034 Pilot 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Lillian 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 M
6. (b) Name of husband or wife Theodore
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Jan. (Month) 27 (Day) 1897 (Year)

8. AGE: Years 50 Months 9 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Decaturville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Home
11. Industry or business .....
FATHER
12. Name Hobert White
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Price
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Thedore Smith
(b) Address 9034 Pilot
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) 11-28-47 (Date received local registrar) (b) Cecil A Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1947 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from April 3, 1947 to Nov. 23, 1947
that I last saw her alive on Nov. 23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Sigmoid	8 mos.
Due to 46	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma Sigmoid
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 0

23. Signature Jos. P. Berman (M. D. or other)
Address 1225 - No. Grand Date signed 11/25/47

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

P. O. Address.....

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.