No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1948

State File No. 43499

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11812

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

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 Mo. Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-days (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 Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 9104-Shelley Avenue 1
(If rural, give location)

N.R

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME David D. Smith Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Martha E. Smith

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Mar. (Month) 1 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Maintenece man

11. Industry or business Clayton Schools

FATHER
12. Name William J. Smith 1
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Virginia L. Perkins
15. Birthplace Liberty (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Martha E. Smith
(b) Address 9104-Shelley Ave-Overland-14-Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) DEC 26 1947 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1947 hour 9 minute 33 P. M.

21. I hereby certify that I attended the deceased from Dec. 20 - 1947 to Dec. 24 1947
that I last saw him alive on Dec. 24 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Peritonitis	3
Due to: Ruptured - Cancer of stomach	1 day
Due to: Cancer - unknown how long	
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) no -
(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 — O

23. Signature Roy A. Walther (M. D. or other)
Address Overland 14 Mo Date signed 12-26-47

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.