S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43503

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11321

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Peoples Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 2 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 1317 S. Eighth St. (If rural, give location) 9

23 0

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

If yes, name country

3. (a) PRINT FULL NAME Lloyd Smith

3. (b) If veteran, name war

3. (c) Social Security No. 432-16-0052

4. Sex male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 9 (Day) 1903 (Year)

8. AGE: Years 44 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Luxeola (City, town, or county) Ark. (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business Welsh Company

FATHER

12. Name James Douglas Smith

13. Birthplace Murphreeboro (City, town, or county) Tenn. (State or foreign country) 1

MOTHER

14. Maiden name Laureena Dallas

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant James Smith

(b) Address 1317 S Eighth St.

17. (a) Ship (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Blythesville, Ark.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) DEC 11 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th year 1947 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from November 29, 1947 to December 9, 1947 that I last saw him alive on December 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza onset 11/28/49.	
Due to Complications	
Due to 1. Hypertension 2. Chr. Nephritis.	9
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 Paul W. Carter (M. D. or other) M.D.

Address 2425 Biddle St. Date signed 12/10/47

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 Fulton E. Culkin

Licensed Embalmer No. 498.

P. O. Address St Louis 13. 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.