No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 3068

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 43691

Registrar's No. 2625

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 020
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 3830 Juniata (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME: Mollie M. Smith
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Alfred P. Smith
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 24 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	25	hr. min.

9. Birthplace: Corydon (City, town, or county) Indiana (State or foreign country) /
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Unknown Emily /
13. Birthplace: Indiana (City, town, or county) (State or foreign country) /
MOTHER 14. Maiden name: Unknown
15. Birthplace: Indiana (City, town, or county) (State or foreign country) /
16. (a) Informant: Mrs. Bessie Brown
(b) Address: 3830 Juniata
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Louisville, Ky.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 12-19-47 (Date received local registrar) (b) Cecil B. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1947 hour 9 minute 05 A.M.
21. I hereby certify that I attended the deceased from Nov. 10, 1947 to Dec. 18, 1947 that I last saw her alive on Dec. 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to: Arterio sclerosis	
Hypertension	
Due to: Senility	
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: J. S. Sterling (M. D.)
Address: 7266 Manchester Date signed: 12-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 19[illegible]

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.