No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43867

FILED DEC 31 1947

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 2633

1. PLACE OF DEATH:

(a) County: St. Louis

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

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

(d) Length of stay: In hospital or institution: 18 days (Specify whether years, months or days)

In this community: UNKNOWN

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0-2

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

(d) Street No.: 3679 Cook (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Louis Carmichael Smith

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Dorrah Eldoot

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

7. Birth date of deceased: May (Month) 20, (Day) 1906 (Year)

8. AGE: Years 40 Months 6 Days 28 If less than one day — hr. — min.

9. Birthplace: Lewiston Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Cook

11. Industry or business:

FATHER
12. Name: George Smith
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hattie Belle Durrah
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Hattie Smith
(b) Address: Smithland, Ky.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Paducah, Ky.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd

19. (a) 12-22-47 (Date received local registrar) (b) Earl Z. Lon[illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 18 year 1947 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from 10-31, 1947 to 12-18, 1947 that I last saw him alive on 12-18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 yr.
Due to	
Due to	
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: 0

23. Signature: William C. Banton, II (M. D. ~~or other~~)
Address: Robert Koch Hospital Date signed 12-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

8 1953

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 G W Wilkinson

Licensed Embalmer No. 3575

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.