No. 2
—1/47
5-17-39

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. 3193

FILED JAN 16 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 170

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: Homer G Phillips Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No. 2142 a Walnut St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Hertha Smith

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: Col

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April 2, 1917.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	9	3	hr. min.

9. Birthplace: St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Richard Smith
13. Birthplace: ? Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Daisy Bell
15. Birthplace: St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Maude Bell
(b) Address: 5334 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/8/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: C.W. Roberts
(b) Address: 1416 N. Taylor Ave

19. (a) JAN 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1948 hour 3 minute 45 AM

21. I hereby certify that I attended the deceased from Dec. 15 1947 to Jan. 5 1948 that I last saw her alive on Jan. 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Secondary Anemia	

Major findings:
Of operations:
Of autopsy: No

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: Oscar L Daniels (M. D. or other)

Address: 2601 N Whittier Date signed: 1/6/48

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. 4198

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.