S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7054

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1864

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Shrewsbury 15
(If outside city or town limits, write "RURAL")

(d) Street No. 7507 Weil Ave., 0
(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 Lulu C Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James M Smith

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September (Month) 4 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Trampe 0
13. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ida Sudholder
15. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant James M Smith
(b) Address 7507 Weil Ave, Shrewsbury, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa, St. Louis, Mo.,

19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1948 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan. 1946, 19..., to Feb 1948, 19...;
that I last saw her alive on 20 Feb. 1948, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Glomerulo nephritis, Chronic	2 yrs
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 A. Knight Jr. (M. D. or other)
Address Mo. Theater Bldg Date signed 2-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr William Knight Jr., JE 1870
Gi 1388

634 N Grand 9146 Kennedy

Monday 11 to 1 office

1981

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 John S Dennehy

Licensed Embalmer No. 4194

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.