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OK 501

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7270**
Registrar's No. **534**

Registration District No. **379** Primary Registration District No. **3866**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Kirkwood, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Ida Sammons Nursing Home**
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution **5 days** (Specify whether
In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4229⁹ Maffitt Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Gladys M. Smith**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February**, day **23**, year **1948**, hour **7:00 AM**, minute **A.M.**
21. I hereby certify that I attended the deceased from **February 22**, 19 **48** to **February 23**, 19 **48**
that I last saw her alive on **February 23**, 19 **48**, and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Felix H. Smith** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**
Due to **Unknown**
Duration **94a**

8. AGE: Years **45** Months **3** Days **18** If less than one day _____ hr. _____ min.
9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

Other conditions **Carcinoma, Basal Cell**
(Include pregnancy within 3 months of death) **Enlarged Thyroid gland**
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death is attributed. Such should be checked statistically.

MOTHER FATHER
10. Usual occupation **Housewife**
11. Industry or business _____
12. Name **Eduard McAllister**
13. Birthplace **Chicago, Illinois** (City, town, or county) (State or foreign country)
14. Maiden name **Olivia Klemmer**
15. Birthplace **Chicago, Illinois** (City, town, or county) (State or foreign country)
16. (a) Informant **Mr. Felix H. Smith**
(b) Address **4229⁹ Maffitt Ave.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/26/48** (Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine Cemetery**
18. (a) Signature of funeral director **Calvin J. Feuty**
(b) Address **4878 Natural Bridge Bl**
19. (a) **2-25-48** (Date received local registrar) (b) **Bevel J. Shaw** (Registrar's signature)

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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **J. P. Barnett** (M. D. or other) **M.D.**
Address **243 West Jefferson Ave.** Date signed **2/23/48**

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MAR 19 10AM

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 A. Minar

Licensed Embalmer No. *4186*

P. O. Address.....

St. Louis, 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.

Invent on this. Pa says
the carcinoma was of the skin
of legs and had nothing
to do with death.

FOR SUPPLIES

Date

19

ARTICLE

Amount

7270

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