S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10692

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2884

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

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston (If outside city or town limits, write "RURAL")
(d) Street No. 6520 Curtis Avenue (If rural, give location)
NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paula Juan Smith
3. (b) If veteran, name war ------
3. (c) Social Security No.
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 23 (Day) 1948 (Year)

8. AGE: Years --- Months --- Days --- If less than one day 6 hr. 0 min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name John F. Smith
13. Birthplace Lilbourn, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dorothy Manwarren
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address John F. Smith
6520 Curtis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
L. 10. Pl. S20
18. (a) Signature of funeral director
(b) Address Shepard Funeral Home, 1168 Hamilton
19. Date received local registrar (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24, 1948
year hour 3:55 minute A M.
21. I hereby certify that I attended the deceased from Mar. 23-48, 19, to Mar. 24, 48, 19;
that I last saw he alive on Mar. 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Birth injury
Due to Breech & Prolapsed cord.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 T. Rhyan (M. D. or other)
Address 607 N. Grand Date signed 3.27.48

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.

Not Embalmed

Signed Meile Shepard

Licensed Embalmer No. 3555 —

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.**