

S. No. 300  
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Rev. 5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1064

Registration District No. 577

Primary Registration District No. 3070

16  
7  
4

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town WEBSTER GROVES 19  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
202 PAPIN ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community FOUR YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town WEBSTER GROVES 19  
(If outside city or town limits, write "RURAL")

(d) Street No. 202 PAPIN ST  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME BRAXTON THOMAS SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2  
year 1948 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from  
1933 to MAY 2 1948;  
that I last saw him alive on April 23 1948;  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race N

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 12 14 1930  
(Month) (Day) (Year)

Immediate cause of death  
Neurocystoma, Polvic  
(Malignant)  
from Uterinary Obstruction  
secondary

Duration  
9 mos.  
4 wks.

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Supra pubic Cystomy

Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
17 4 18 hr. min.

9. Birthplace BLITHEVILLE ARKANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation HIGH SCHOOL STUDENT

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name BRAX E SMITH

13. Birthplace KENSETT ARKANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name MARY MARGARET SECOR

15. Birthplace PLAINO TEXAS  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 \_\_\_\_\_

16. (a) Informant Brax E Smith

(b) Address 202 Papin St N. S. 19 Mo

17. (a) Cremation (b) Date thereof 5-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashalla Crematory

18. (a) Signature of funeral director Nicholsburg Funeral Home

(b) Address Webster Groves 19 Mo

19. (a) 5-3-48 (b) Carl J. [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature Stanley H. [Signature] (M.-D. seother)

Address 4536 Taylor Ave Date signed 5-3-48

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**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.**