

No. 300  
A-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

#87705

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24730**  
Registrar's No. **6662**

FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. **1005**

WRITE PLAINLY—USE 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:  
**St. Louis City Hospital-Max C. Starkloff**  
(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)

3. (a) PRINT FULL NAME **FRANK SMITH**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **JESSIE** 6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **JUNE 10 1916**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **1** Days **17** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **DOE RUW., MO. (I)**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

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

MOTHER FATHER {  
12. Name **FRANCIS SMITH**  
13. Birthplace **UNK** (City, town, or county) (State or foreign country)  
14. Maiden name **UNK**  
15. Birthplace **UNK** (City, town, or county) (State or foreign country)

16. (a) Informant **JESSIE L. SMITH**  
(b) Address **CUBA, MO.**

17. (a) **BURIAL** (b) Date thereof **7/30/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **KINDER CEM, CUBA, MO.**

18. (a) Signature of funeral director **J. J. Brodack**  
(b) Address **Cuba, MO.**  
19. (a) **AUG 29 1948** (Date received local registrar)  
**J. J. Brodack** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **ST. LOUIS**  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3018 A SALEMA AVE**  
**Memorial** (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **27th**  
year **1948** hour **12** minute **30 P** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **July 27th**, 19\_\_\_\_  
that I last saw him alive on **July 27th**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Complete biliary obstruction** Duration **1 mo**  
Due to **Carcinoma of bile duct.**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **H&H**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **Same as above.**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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 **Engel** (M. D. or other)  
Address **1515 Lafayette 7/27/48** Date signed

6662

MAR 7 1961

---

---

**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.....

Licensed Embalmer No.....

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.**