

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

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47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34711**  
Registrar's No. **8762**

Registration District No. **318** Primary Registration District No. **1005**

1. PLACE OF DEATH:  
(a) County **St.-Louis**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Eugene S. Smith.**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary M.** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **March 21 1880**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **16** If less than one day hr. min.

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

10. Usual occupation **Retired Rail Road Clerk**

11. Industry or business **Wabash Railroad**

12. Name **Riess Smith**

13. Birthplace **St. Louis**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rosina Blackie**

15. Birthplace **St. Louis**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary M. Smith**

(b) Address **5054 Lotus Ave.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **10-11-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Chas F. Stewart**  
(b) Address **1225 Superior Blvd.**

19. (a) **OCT 23 1948** (b) **J. B. Lavater**  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **own**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5054 Lotus Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7**  
year **1948** hour **11:35** minute **A.** M.  
21. I hereby certify that I attended the deceased from **10-7-48**  
to **10-7-48**, 19**48**, to **10-7-48**, 19**48**;  
that I last saw him alive on **10-7-48**, 19**48**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
Due to **Hypertension**  
Due to **giz**

Duration  
**24 hrs**  
**7 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?

While at work?..... (Specify type of place) (c) Means of injury.....  
23. Signature **Virgil O Fish** (M. D. or other).....  
Address **634 N. Grand St. Louis** Date signed **10-8-48**

**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

*Blair R. Cadwell*

Licensed Embalmer No. 4077

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.**