No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 379

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34947

Primary Registration District No. 3066

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 317 New York 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 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 317 New York St.
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lottie Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 5 (Day) 1855 (Year)

8. AGE: Years 93 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Pike County (City, town, or county) Ala. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ala. (State or foreign country)

16. (a) Informant Eula Ellington
(b) Address 317 New York St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director John W. Hemphill
(b) Address 408 S. Fillmore Ave. Kirkwood

19. (a) 10-13-48 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 6, 1948, to Oct 10, 1948, that I last saw her alive on Oct 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	7 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (c) Means of injury

23. Signature Quentin M. Gaines M.D. (M.D. or other)

Address 508 N. Kirkwood Rd. Kirkwood, Mo. Date signed 10/12/48

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.

Signed.....

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.