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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35211

Registration District No. 379 Primary Registration District No. 6 & 7 6 Registrar's No. [illegible]

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 92 days (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2123 Eugene Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME SMITH, Charlie
3. (b) If veteran, name war World I
3. (c) Social Security No. 499 01 9342
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Elnora
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June (Month) 25 (Day) 1894 (Year)

8. AGE: Years 54 Months 3 Days 11 If less than one day hr. min.
9. Birthplace Artesia, (City, town, or county) Mississippi (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Unavailable
13. Birthplace " (City, town, or county) " (State or foreign country) 9
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) " (State or foreign country) 9
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l.Cem.Jeff.Bks.Mo.
18. (a) Signature of funeral director J.H.Harrison Und.Co.
(b) Address 2906 Lawton, St.Louis, Mo.
19. (a) 10-11-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) [illegible]

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 6
year 1948 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from July 6, 1948, 19 to October 6, 19 48
that I last saw him alive on October 6, 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TUBERCULOSIS, MILIARY AND MENINGEAL	
~~xxxx~~ Contributory cause: Toxemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations None
Of autopsy No Autopsy performed

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) None
(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 0
23. Signature L.E. Stilwell (M.D.) ~~xxxx~~ L.E. Stilwell, Chief, Professional Services
Address VAH, Jeff.Bks. Mo. Date signed 10/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Lawrence E. Woodson

Licensed Embalmer No. 4341

P. O. Address Athens Mo.

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.