

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County.....

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

(c) Name of hospital or institution:  
City Hospital No 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community.....  
years, months or days

**3: (a) PRINT FULL NAME** Delores Smith

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Female / 5. Color or race white

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 Nov 22 1933  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

14	11	10	.....hr. ....min.
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9. Birthplace East Alton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

12. Name Floyd Smith

13. Birthplace Fayville Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Hess

15. Birthplace Harrisburg Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary David

(b) Address 2344 So 18th St

17. (a) removal (Burial, cremation, or removal)

(b) Date thereof 11-3-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Illinois

18. (a) Signature of funeral director Rowland Mortuary Svc

(b) Address 4104 Manchester

19. (a) NOV 3 1948 (Date received local registrar)

(b) J. B. Laster (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. 2344 So 18th St  
(If rural, give location)

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

If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 2  
year 1948 hour 5:15 minute P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Eruptive Nephritis

Due to.....

Due to.....

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)

(e) Means of injury.....

23. Signature Patricia E. Taylor (M.D. or other)

Address 1300 Clark Date signed 11-3-48

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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.....

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.**