

S. No. 300
OM-10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

41847
State File No.
Registrar's No. 11076

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:
Missouri Pacific Hospital 0
(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 COLUMBUS Leo SMITH
3. (b) If veteran, name war No. 3. (c) Social Security No. ?
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Ethel Dean 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 27, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 25 hr. min.

9. Birthplace Falkner County, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business Retired 9/30/43 G. M. & O. R. R.

12. Name W. M. Smith

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

14. Maiden name Marvello

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

16- (a) Informant Mrs. C. L. Smith,
(b) Address Meridian, Miss.

17- (a) Removal (b) Date thereof 12/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meridian, Miss.

18- (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address 6633 Clayton Rd.

19- (a) DEC 22 1948 (b) J. B. Lavata
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mississippi (b) County Lauderdale 999
(c) City or town Meridian 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2821 7th Streets 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 22
year 1948 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from 11-29
1948 to 12-22 1948
that I last saw h./i.M. alive on 12-22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lung Duration 5 mo.

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)

Major findings: Old Cancer of Lung
Of operations operated - cured (Breast)
Of autopsy in larynx
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?..... (Specify type of place) (e) Means of injury.....
23. Signature M. E. Levitan (M. D. or other)
Address Missouri Pacific Hosp Date signed Dec 22

(Licensed Embalmer's Statement on Reverse Side) M. E. LEVITAN

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.