

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M 50-57 I X12-004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

016

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35995  
Do not use this space.

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **City Hospital No 1** Registered No. **9572**  
(e) Length of residence in city or town where death occurred **42** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary C. Smith**  
(a) Residence, No. **2314a Eads** St. **23**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Marion Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17, 1361**

7. AGE YEARS **76** MONTHS **4** DAYS **25** IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **at. Home**  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

13. NAME **William Tollis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

17. INFORMANT (ADDRESS) **Arthur Smith 702 Landscape - Webster Groves**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Hill Cem.** DATE **10/14/37**

19. FUNERAL DIRECTOR (ADDRESS) **Allen W. McLaughlin 2301 S. Olive Ave.**

20. FILED **OCT 14 1937 J. Brebeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/10/37** 19..

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at **3:15 P.M.**

The principal cause of death and related causes of importance were as follows:

**Hypostatic Pneumonia. Bronchial Fracture of the right hip suffered when she fell in her home about 18 months ago, time unknown.**

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **18mo. ago**  
Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In Home**  
Manner of injury **See Above**  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No.**  
If so, specify.....  
(Signed) **Alfred J. Perry M.D.**  
(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed L.R. Cooper  
Licensed Embalmer No. 3636

**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.)**