

REC'D AUG 11 1939 791

Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(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: 3636 Utah Pl. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 40 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Martha H. Smith 530
8. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Jonas Smith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 21 1843
(Month) (Day) (Year)

8. AGE: Years 95 Months 7 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 9

11. Industry or business at home 9

12. Name James T. Williams 9

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

14. Maiden name Jane D. Conn

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

16. (a) Informant's own signature George F. Johnson

(b) Address 3636 Utah Pl.

17. (a) Burial (b) Date thereof 7-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshauser Mortuary
4228 So. Kingshighway

(b) Address _____

19. (a) JUL 23 1939 (b) J.B. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3636 Utah Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1939 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 13th, 1934, to July 21, 1939;
that I last saw her alive on July 21, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral occlusion July 20
Cerebral sclerosis 1 yr
Due to arterial sclerosis 93C

Due to Cerebral myocarditis
senility

Other conditions Prolapsus uteri, ovarian cyst (rt)
(include pregnancy within 3 months of death) obstruction of bowels
No malignancy

Major findings: Of operations no Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no no
(b) Date of occurrence no
(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?

23. While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry J. Thym (M. D. or other) (THYM)
Address 528 N. Grand Blvd Date signed 7/23/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

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

Edmund M. Merust
3024

..... 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, above space should be left blank.