

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2315

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Kentwood
 (c) Name of hospital or institution
629 N. Saylor
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community in
 years, months or days _____

8. (a) PRINT FULL NAME Mary Louise Smith
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Charles Smith
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Sept 5 - 1866
 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 23
 If less than one day _____ hr. _____ min.

9. Birthplace Rockford Ills.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____
 12. Name Charles Williams
 13. Birthplace New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Wagon
 15. Birthplace New York
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. R. Smith

(b) Address 629 N. Saylor Kentwood

17. (a) Cremation (b) Date thereof 12-30-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Louis H. Tropp
 (b) Address Kentwood
 19. (a) DEC 28 1939 (b) J. P. Madson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kentwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 629 N. Saylor
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 28
 year 1939 hour 6 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6/1/39
 _____, 19____, to 12/28/39
 _____, 19____;
 that I last saw her alive on 12/27/39, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix uteri
 Duration 6 mo

Due to _____
 Due to _____

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Cervix uteri
 Of operations _____
 Of autopsy _____

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 C. H. Leslie MD
 Address Kentwood, Mo Date signed 12/28/39

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.

FEB 1954

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.....

Louis H. Bapp

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Louis H. Bapp*.....

Licensed Embalmer No. *921*.....

P. O. Address *Kirkwood 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, above space should be left blank.