

Registration District No. 791 Primary Registration District No. 1003

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community Unknown (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ADA SMITH
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race C. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luke Smith 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased: May 19 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 10 If less than one day
hr. _____ min. _____

9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Henry Galvin
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Charllette Swink
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Luke Smith
(b) Address Festus, MO.

17. (a) Mt. Zion, Festus Date thereof 4-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery
Dement & Son

18. (a) Signature of funeral director _____
(b) Address 2629-31 Wash Street
MAR 29 1940

19. (a) _____ (Date received local registrar)
(b) J. B. Bledsoe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3005 Dickson (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1940 hour 9:55 minute _____ A _____ M.

21. I hereby certify that I attended the deceased from March 13, 1940 to March 28, 1940;
that I last saw her alive on March 28, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Hypertensive Heart Disease c Chronic
Nephritis Abt 4 yrs

Due to _____
Due to 131

Other conditions Uterine Fibroid c secondary
(Include pregnancy within 3 months of death) hemorrhage

Major findings: Non Malignant
Of operations _____
Of autopsy _____

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

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 H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed _____

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

Rev. 5-17-39

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.

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 L. Bee

_____, Registered Apprentice No. Impert
working under my personal supervision.

Signed Lommie Bayliss

Licensed Embalmer No. 2946

P. O. Address St. Louis 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.