

Registration District No. **777 OCT 25 1940 91**

Primary Registration District No. **1003**

Registrar's No. **7786**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")  
0 4539 Clarence  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ROSINA E. SMITH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color Wh race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rosa M. Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Wid. Wife

11. Industry or business Stephen Blackley

12. Name Edinburgh Scotland (City or town) (State or foreign country)

13. Maiden name Elizabeth Watson (City or town) (State or foreign country)

14. Birthplace Scotland (City, town, or county) (State or foreign country)

15. Informant Mrs. Bess King

16. (a) Address 4539 Clarence

17. (a) Burial (b) Date thereof 9-19-1940

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Chas. F. Stuart  
(b) Address 1225 Union Blvd  
19. (a) SEP 18 1940 (b) \_\_\_\_\_ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17<sup>th</sup> day Sept.  
year 1940 hour 12:40 minute AM

21. I hereby certify that I attended the deceased from Aug 20 -  
\_\_\_\_\_, 1940, to Sept 16, 1940  
that I last saw him alive on Sept 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma  
Chronic Nephritis

Due to Acute nephritis following  
Pneumonia

Due to Pneumonia following fracture  
of neck of femur

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Fractured neck of femur  
Of operations \_\_\_\_\_  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 8/26/40  
(c) Where did injury occur? 4539 Clarence Ave. St. Louis Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home flat  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Fall

23. Signature Beane S. Muntz (M. D. or other) MD  
Address 4032 W. 3rd St. St. Louis Date signed 9/17/40

**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.....

*Bernard J. Stuck*

Licensed Embalmer No. *3500*

P. O. Address. *1225 Union, Okla*

**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.**