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Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4814**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital #11  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs.  
(Specify whether  
In this community 3 yrs  
years, months or days)

3. (a) PRINT FULL NAME Carol Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: July 17 1937  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>10</u>	<u>20</u>	hr. min.

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

10. Usual occupation Nil

11. Industry or business —

MOTHER FATHER { 12. Name Ralph Smith

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha William

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

16. (a) Informant Bertha Smith

(b) Address 5717 Woodland

17. (a) BURIAL (b) Date thereof JUNE 9-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ST PETERS CEMETERY

18. (a) Signature of funeral director KRAEGER Voss Felt

(b) Address 3402 N. KINGSHIGHWAY

19. (a) JUN 10 1941 (b) J. H. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5717 Woodland  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1941 hour 3:10 minute — A. M.

21. I hereby certify that I attended the deceased from June 6, 1941 to June 7, 1941  
that I last saw her alive on June 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pertussis  
Broncho-pneumonia

Duration  
3 wks  
1-2 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) —

Major findings:  
Of operations —

Of autopsy Broncho-pneumonia

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

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)

(b) Means of injury —

23. Signature Ralph B. Schaefer (M. D. or other)  
Address 1513 Lafayette Ave. Date signed 6/7/41

**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 John M. Bankley  
Licensed Embalmer No. 3653  
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, fact should be so stated above.**