

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

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.

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1703

Registrar's No. 5626

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis

(c) Name of hospital or institution:
1501 Wagona Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 35 years
years, months or days

8. (a) PRINT FULL NAME Sarah Smith

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Francis Smith

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept 23 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business Own home

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature E. W. Dannerberg

(b) Address Bellville Illinois

17. (a) Belmont Bell (b) Date thereof June 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellville Ill

18. (a) Signature of funeral director W. G. Bergman

(b) Address 120 N. 3rd Bellville Ill

19. (a) JUL 8 1941 (b) J. H. Gredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. 1501 Wagona Place
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6/26-6/27, 1941, to 6/27, 1941; that I last saw her alive on 6/26/41, and that death occurred on the date and hour stated above. at 2:45 P.M.

Immediate cause of death chronic gastritis with acute attack N.M.D.

Due to Exhaustion due to senility

Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations No Of autopsy No

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? No (Specify type of place) _____ (e) Means of injury No

23. Signature James L. Patten (M. D. or other) _____
Address 14635 Easton Date signed _____

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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..... *Virgil A. Bergman*
Licensed Embalmer No. *13697*
P. O. Address..... *Belleville Ill*

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.