No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1941

State File No. 29814

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7152

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 #1
(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 000

(c) City or town St Louis 19 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4246 McPherson 9
(If rural, give location)

(e) Citizen ~~of foreign country~~? Citizen (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ruth Smith

3. (b) If veteran, name war ..... 3. (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 John Smith 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept (Month) 22 (Day) 1883 (Year)

8. AGE: Years 57 Months 11 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Seamstress

11. Industry or business —

FATHER
12. Name Ira Holford
13. Birthplace ILL (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant John Smith
(b) Address 4246 McPherson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Fred M Williams
(b) Address 4635 Washington

19. (a) SEP 3 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1, year 1941 hour 8:15 minute P.M.

21. I hereby certify that I attended the deceased from August 14, 1941 to September 1, 1941 that I last saw her alive on September 1, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature M. M. Karl (M. D. or other) O
Address St. Louis City Hospital #1 Date signed 9/2/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.