

FILED FEB 24 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 hours
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2-17
(d) Street No. 4951 Lisette
(If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) ()
If yes, name country.....

3. (a) PRINT FULL NAME Emma Smith

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Andrew J Smith 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 3, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 7 hr. min.

9. Birthplace Not known Bohemia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Uhlick
13. Birthplace Not known Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Anton M. Triska
(b) Address 9440 Gravois

17. (a) cremation (b) Date thereof 1/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director John K. Ziegenhagen
(b) Address Gravois

19. (a) JAN 22 1942 (b) J. J. Bredeek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 th
year 1942 hour 7 minute 5 P. M.
21. I hereby certify that I attended the decedent from June 30-41
June 30-41 to January 10 1942
that I last saw her alive on January 10 1942
and that death occurred on the date and hour stated above. 1942

Immediate cause of death..... Duration

Due to Chronic Endocarditis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) (c) Means of injury.....
23. Signature Henry G. Pickett M.D. (M. D. or other) 0
Address 4120 S. Grand Blvd Date signed 1-12-42

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..... *G. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address... *7027 Travis*

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.