

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 20

Registrar's No. 167

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town onebourn  
(c) Name of hospital or institution 6524 Glenmore  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town 6524 Glenmore  
(If outside city or town limits, write "RURAL")  
(d) Street No. Pine Lawn  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louie Smith

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Andrew J. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 8-28-1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 4 24  
hr. min.

9. Birthplace LeRoy, N. Y. N. Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business at Home

12. Name ? Towsley

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

14. Maiden name Unknown  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul E. Smith

(b) Address 8524 Glenmore

17. (a) Removal (b) Date thereof 1-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 Natural Bridge

19. (a) JAN 21 1942 (b) 2 D M K  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1942 hour 1:30 minute AM

21. I hereby certify that I attended the deceased from was called at 1:30 AM to 1-21-42 19\_\_\_\_  
that I last saw her alive on head 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to from apoplexy  
Heart attack  
stroke

Due to Cerebral hemorrhage

Other conditions Renal disease & side  
(Include pregnancy within 3 months of death)

Major findings: 13 years aged family history  
Of operations none

Of autopsy no

Duration

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) rose bed injury

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in bed  
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
found dead in bed

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury rose

23. Signature Dr. J. H. Harman (M. D. or other)

Address 2738 N. Grand Date signed 1-21-42

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

Information from follow-up card to begin

96  
0  
0

**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

*Clement M. Neary*

Licensed Embalmer No.

*3732*

P. O. Address

*St. Louis*

**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.**