

FILED APR 13 1942

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution 19 N. SPRING
(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)

3. (a) PRINT FULL NAME LAURA A. SMITH

3. (b) If veteran, name war.....

3. (c) Social Security No. NIL

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIAM SMITH

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

7. Birth date of deceased NOVEMBER 6-1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 4 7 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business.....

MOTHER FATHER

12. Name MURPHY

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

14. Maiden name ELIZA TILLEY

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

16. (a) Informant GOLDEN M. HART

(b) Address 19 N. SPRING

17. (a) BURIAL (b) Date thereof 3/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director EDITH E. AMBRUSTER

(b) Address 4234 MANCHESTER

19. (a) MAR 16 1942 (Date received local registrar)

J. F. Oredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 19 N. SPRING
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13
year 1942 hour 8¹⁵ PM minute..... M.

21. I hereby certify that I attended the deceased from Nov 12, 1941, to Feb. 13, 1942
that I last saw him alive on Feb. 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chr.

Due to Arterio Sclerosis

Due to 93d yr

Other conditions (include pregnancy within 3 months of death) 95

PHYSICIAN

Major findings: none

Of operations.....

Of autopsy none

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) no

(b) Date of occurrence no

(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) (e) Means of injury.....

23. Signature Benjamin J. Munday (M. D. or other) MD

Address 4032 W. Flannery Date signed 3/14/42

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..... *Flora Eymck*.....

Licensed Embalmer No. *1284*.....

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.