

FILED MAR 2 1943 818

Registration District No. Primary Registration District No.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Franklin
(c) City or town St. Clair
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1943 hour 6 minute 45 am
21. I hereby certify that I attended the deceased from
January 23, 1943, to February 15, 1943
that I last saw her alive on February 15th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion 2 days
Angina Pectoris and Hypertension 3 yrs.?

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

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nellie Smith
3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 16 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 16 hr. min.

9. Birthplace St. Clair Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Peter Smith

13. Birthplace St. Clair Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cardwell

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

16. (a) Informant Chas. Smith

(b) Address 5929 Theodosia Ave.

17. (a) Burial (b) Date thereof 2/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave

19. (a) FEB 17 1943 J. F. Burch
(Date received local registrar) (Registrar's signature)

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

23. Signature A. J. Steiner (M. D. or other) M. D.
Address 622 University Club Bldg. Date signed 2-17-43

WRITE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

APR 30 1947

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: *Welford G. Burnley*
Licensed Embalmer No. 4202
P. O. Address _____

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.