. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16614

Registration District No. 3 E

Primary Registration District No. 1003

Registrar's No. 4353

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: 1945 Arsenal St
(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

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

(d) Street No. 1945 Arsenal St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Smith

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race 1 white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 8 (Day) 1892 (Year)

8. AGE: Years 50 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Thomas Carraher
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Johns
15. Birthplace Johnstown (City, town, or county) Pa. 1 (State or foreign country)

16. (a) Informant Carl Mischlispy
(b) Address 3661 Wilmington Av.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros. L & H Co.
(b) Address 2929 S. Jefferson Av.

19. (a) MAY 11 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 5 minute 00 p. M.

21. I hereby certify that I attended the deceased from Feb 6, 1943, to May 7, 1943
that I last saw her alive on May 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: metal stenosis

Due to

Due to 92.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 [illegible] (M. D. or other) M.D.
Address 1803 Pershing Date signed 5-10-43

(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 Gustav W. Dieterle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.