

V. S. No. 2
FORM-2-43
Revised 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27089
Registrar's No. 7726

FILED SEP 11 1943

Registration District No. 218

Primary Registration District No. 100

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Anthony's Hospital
(d) Length of stay: In hospital or institution 11-wks.
In this community years, months or days

3. (a) PRINT FULL NAME Margaret O'Connor Smith
(b) If veteran, name war None
(c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Michael Smith
7. Birth date of deceased 5-17-1899

8. AGE: Years 44 Months 3 Days 10
If less than one day hr. 0 min.

9. Birthplace St. Louis Mo.
Usual occupation At Home

11. Industry or business
12. Name Patrick J. O'Connor
13. Birthplace Ireland
14. Maiden name Mary Keaveny
15. Birthplace Ireland

16. (a) Informant Mr. Michael Smith
(b) Address 2701 N. Spring Ave.
17. (a) Burial (b) Date thereof 8-31-43
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Kowalek
(b) Address 3840 Lindell Blvd.
19. (a) AUG 20 1943 (b) J. F. Braddock (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 2701 N. Spring Ave.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 27th., year 1943 hour 3 minute 20 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: *Subacute Glomerular Nephritis*
Carcinoma of Liver old infected
Fracture of right Patella when the
Due to fall in which she was riding and
being driven by one Mr. Smith
Due to Collided with a Ford driven by
one Mr. Engel on Highway # 4
about a 1/2 mile north of N. Emerald
Illinois about 10:30 Pm
Other conditions: *(Include pregnancy within 3 months of death)*

Major findings:
Of operations: *June 13-1943*
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) *Accident 13h*
(b) Date of occurrence *June 13-1943*
(c) Where did injury occur? *N. Emerald 1/2 mile north N. Emerald Ill*
(d) Did injury occur (a) or about home, on farm, in industrial place, in public place?
Public Place
While at work (Specify type of place) (b) Means of injury
23. Signature of physician *Alfred Perry* (M. D. or other)
Address *Alfred Perry* Date signed *8/29/43*

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 W H Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.