

FILED NOV 29 1943

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10097

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:
3438 Williams Pl.
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 66
(d) Street No. 3438 Williams Pl.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Roberta Franklin Smith

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Charles A. Smith 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Mar. 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Roland Mumford
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Freeman
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caldean Byerly

(b) Address 3438 Williams Pl.

17. (a) Burial (b) Date thereof 11-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 18 1943 (b) J. F. Mumford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1943 hour 6 minute 15 AM

21. I hereby certify that I attended the deceased from 10-14 1943 to 11-17 1943

that I last saw her alive on 11-17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Locked Bowel

Duration
10-9-43
11-17-43

Due to.....

Due to..... 8 3/4

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place) (a) (b) Means of injury.....

23. Signature W. E. Cochran M.D. (M. D. or other)

Address 1502 1/2 Union Blvd. Date signed 11-17-43

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

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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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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.