

FILED DEC 29 1943

State File No. _____
Registrar's No. 11242

Registration District No. 378

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.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5953 Ridge Avenue. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis. 26
(If outside city or town limits, write "RURAL")

(d) Street No. 5953 Ridge Avenue.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Florence Smith.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Franklin Smith.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 10 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Mobile Alabama. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name William Roach.

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs Wilderbrand.

(b) Address 5953 Ridge Avenue.

17. (c) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleisch, Inc.

(b) Address 5966 Easton Ave St. Louis Mo.

19. (a) DEC 16 1943 (b) JT Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1943 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from May 10 -
1943, to Dec. 15, 1943;
that I last saw her alive on Dec. 14 -, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestine

Duration 8.

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.

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)
Means of injury _____

23. Signature J. Raynes (M. D. or other)
Address 607 N. Grand St. Date signed 12-16-43

Dr. F. A. Ayers.

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..... *Ben Hoffman*.....
Licensed Embalmer No..... *4366*.....
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.