

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43885
State File No. 2840
Registrar's No. 2840

FILED DEC 23 1943

Registration District No. 23

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis.
 (b) City or town Pine Lawn.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4101 Beachwood Ave. /
 (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 St. Louis
 (c) City or town Pine Lawn.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4101 Beachwood Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Eleanor Elizabeth Smith.
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 17th.
 year 1943 hour 7 minute 50 P.M.
 21. I hereby certify that I attended the deceased from
18 Dec 17 1943 to 17 Dec 17 1943
 that I last saw her alive on Dec 17
 and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced W2
 6. (b) Name of husband or wife James Lee Smith.
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: August 25, 1872
 (Month) (Day) (Year)

Immediate cause of death: arteriosclerotic fibillation
 Duration
 Due to.....
 Due to.....

8. AGE: Years Months Days If less than one day
71 3 22 hr. min.

Other conditions: Diabetes mellitus
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy..... 61

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home.

11. Industry or business.....
 12. Name John Gavin.
 13. Birthplace Unknown Ireland?
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Tierney.
 15. Birthplace Unknown Ireland?
 (City, town, or county) (State or foreign country)

16. (a) Informant Grant Smith.
 (b) Address 5130 Greer Ave.
 17. (a) Burial (b) Date thereof 12-21-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery.

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.....

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3842 Lindell Blvd
 19. (a) DEC 21 1943 (b) E. B. Mc Gowan, Jr.
 (Date received local registrar) (Registrar's signature)

23. Signature H. F. Berryman (M. D. or other) 2nd
 Address 2220 Washington Date signed 12/17/43

Dr. Bergman

5601 St. Louis Ave

12-1 R

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.