

FILED FEB 1 1944 318

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **845**

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:
Missouri Baptist Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1903 Delmar Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beatrice G. Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 25th
year 1944 hour 2 minute _____ P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ewald C. Smith 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 12th, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JANUARY 19, 1944 to JANUARY 25, 1944
that I last saw her alive on JANUARY 25, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage 2 Days
Due to Hypertension 4 years
Due to _____ 9 1/2"

9. Birthplace Chicago Ill
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions Chronic Myocarditis 4 years
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
12. Name Frank Gazzolo
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Thompson
15. Birthplace Chicago Ill
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ewald C. Smith
(b) Address 1903 Delmar Ave
17. (a) Burial (b) Date thereof 1/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road
19. (a) JAN 27 1944 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

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? P.S. [Signature] (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (or other) _____
Address 462 N. Taylor Ave Date signed 1/26/44

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

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 Edward F. Cookherst

Licensed Embalmer No. 2502

P. O. Address Clayton 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.