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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4485

FILED JAN 24 1944

Registration District No. 3

Primary Registration District No. 3066

Registrar's No. 141

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
U.S.Marine Hospital-525 Couch Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town St.Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4553 Washington Blvd.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Wilma Smalley

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John W. Smalley

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased December (Month) 1 (Day) 1922 (Year)

8. AGE: Years 21 | Months 1 | Days 16 | If less than one day ___ hr. ___ min.

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

10. Usual occupation housewife

11. Industry or business X

FATHER
12. Name Louis Mariucci
13. Birthplace Kansas (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Emma Perdotte
15. Birthplace Kansas (City, town, or county) / (State or foreign country)

16. (a) Informant Clinical Records
(b) Address U. S. Marine Hospital, Kirkwood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Frontenac, Kansas

18. (a) Signature of funeral director [signature]
(b) Address 2906 Gravois

19. (a) JAN 19 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1944 hour 9:55 minute P M.

21. I hereby certify that I attended the deceased from January 17th 1944 to January 17th 1944 that I last saw her alive on January 17th 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia Pregnancy	3 weeks
Due to 4 months pregnancy	4 mo.
Due to	
Other conditions Lobar pneumonia, rt. (Include pregnancy within 3 months of death)	4 hours

Major findings:
Of operations none
Of autopsy Pregnancy - 4 months and lobar pneumonia

144d

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) No
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. T. Delougherty (M. D. or other)
Address Marine Hospital, Kirkwood Date signed 1/18/44

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1949

FEB 2 1949

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 David Van Tassen

Licensed Embalmer No. 4242

P. O. Address 2904 Stearns

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.