

FILED OCT 20 1944

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 15 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA F. McDONOUGH

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Patrick Smith 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 25, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business

12. Name Patrick Smith
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Spronger
15. Birthplace not known Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa A. Angler
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof Oct 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Calvary

18. (a) Signature of funeral director Petz Bros

(b) Address 3029 Lafayette Ave

19. (a) OCT 13 1944 (b) J. J. Bredsek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1500 S. 12th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1944 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from January 1, 1944 to October 12, 1944
that I last saw h. en alive on October 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Senility
Duration 1943x 1943x

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NO

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) (e) Means of injury

23. Signature John P. ... (M: D. or other)
Address 5400 Arsenal Date signed 10/13/44

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

MOTHER, FATHER

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 Francis J. James

Licensed Embalmer No. 2245

P. O. Address St. Louis

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.