

V. S. No. 2
 100M-5-43
 Rev. 5-17-39
 I X36671

State File No. _____

FILED NOV 10 1945
 318

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 9362

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

1. PLACE OF DEATH:
 (a) County..... St. Louis
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St. John's Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 3-weeks
 (Specify whether
 In this community.....
 years, months or days)

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

4. Sex F. / 5. Color or race W. / 6. (a) Single, widowed, married, divorced W. / 2
 6. (b) Name of husband or wife Laurence J. Smith 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 23rd., 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	4	5	hr. _____ min.

9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Michael E. Smith

MOTHER FATHER

12. Name Michael E. Smith
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Riley
 15. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. King Shields
 (b) Address 7321 Dorset Ave.

17. (a) Burial (b) Date thereof 10-31-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) OCT 29 1945 J. F. Brudeck
 (Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis 96
 (c) City or town University City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7321 Dorset Ave. NRS
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th., year 1945 hour 6 minute a. M.
 21. I hereby certify that I attended the deceased from October 10th, 1945 to October 28th, 1945; that I last saw her alive on October 28th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death
 Sepsis
 Bacterial Pneumonia
 Hypertensive Cardiovascular disease
 Duration 3 weeks

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____

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)
 (c) Means of injury _____
 23. Signature Augustus P. Hensch (M. D. or other)
 Address 306 Humboldt Way Date signed 10/29/45

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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.