

S. No. 2
DM-5-43
v. 5-17-39
X36671

State File No.

FILED JAN 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

408

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yr 11 months
life (Specify whether years, months or days)

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. 25, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 65x 11 17 hr. min.

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

10. Usual occupation Seamstress,

11. Industry or business City Infirmary

MOTHER FATHER
12. Name Thomas Smith
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Eliz. Duffy
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 1/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabvary

18. (a) Signature of funeral director.....

(b) Address 2117 E. Grand

19. (a) JAN 14 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 139
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 12th
year 1946 hour..... minute 7:55 a.m.

21. I hereby certify that I attended the deceased from July 2, 1945
Jan. 12, 1946 to....., 19.....
that I last saw her alive on Jan. 11, 1946, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion 10 min.

Due to.....
Chronic myocarditis

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 Palmer Justice Bowditch (M. D. or other)
Address City Infirmary Date signed 1/12/46

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

3132

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.....

Frank A. Moore

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Main

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.