

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE
MAY 31 1946
STANDARD CERTIFICATE OF DEATH

State File No. 18922
Registrar's No. 4646

Registration District No. Primary Registration District No. 1003

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: Sacred Heart Convent 334 N. Taylor Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. (Specify whether years, months or days)
In this community 7 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 334 N. Taylor Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT Mother Rosalia Smith
FULL NAME
3. (b) If veteran, name war 3. (c) Social Security No.
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 7th., 1872 (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
74 1 15 hr. min.
9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Religious
11. Industry or business
12. Name Bernard J. Smith
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Mary Weitjolen
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Rev. Mother Lapeyre
(b) Address 334 N. Taylor Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Linden Blvd.
19. (a) MAY 23 1946 (Date received local registrar) (b) J. F. Brada (Registrar's signature)

20. DATE OF DEATH: Month May day 22nd., year 1946 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 1946 to death 1946
that I last saw her alive on May 21 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis 3 mos.
2 cardiac infarction
Due to arteriosclerosis ?
Due to 94
Other conditions Congestive heart failure 2 mos.
(Include pregnancy within 3 months of death)
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
Signature John J. Burke (M.D. or other) M.D.
Address 3115 S. 2nd Ave. Date signed 5-23-46

(Licensed Embalmer's Statement on Reverse Side)

3115 S. Grand Blvd.
2-4

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, Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Hindell

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.