

FILED JUN 20 1946

Primary Registration District No. **3069**

Registrar's No. **1244**

1. PLACE OF DEATH:

(a) County **ST LOUIS**
(b) City or town **RICH HTS MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME 7405 ELMORE AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **5 YEARS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST LOUIS 96**
(c) City or town **RICHMOND HTS MO 8**
(If outside city or town limits, write "RURAL")
(d) Street No. **7405 ELMORE AVE 3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ANNA J. SMYTH**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **LAWRENCE SMYTH** 6. (c) Age of husband or wife if alive **DECEASED** years

7. Birth date of deceased **DEC 1 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **7** If less than one day **4 hr. 45 min.**

9. Birthplace **TROY NEW YORK**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

12. Name **PATRICK DEVENISH 4**

13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA MANNING**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Central M. Vetter**
(b) Address **7405 Elm More Ave**

17. (a) **BURIAL** (b) Date thereof **JUNE 13-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CASTLETON KANS**

18. (a) Signature of funeral director **Water Bookery**

(b) Address **6536 Clayton Rd**

19. (a) **6-10-46** (b) **E. D. McDevan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **9**
year **1946** hour **4:43** minute **Am.** M.

21. I hereby certify that I attended the deceased from **March**
1946, to **death**, 19____;

that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration **3 days**

Due to **arteriosclerosis** ?

Due to **83-a-1**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **0**

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Hubert J. Burke** (M. D. or other) **MD**

Address **3115 S Grand** Date signed **6-9-46**

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

20202

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 *John Gosowski*
Licensed Embalmer No. *3398*
P. O. Address.....

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.