S. No. 2
DM—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22221

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 5352

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: MO. PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1123 A S. JEFFERSON AV.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME ELINOR MARY SMITH

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife J. V. SMITH

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased SEPT. (Month) 12 (Day) 1892 (Year)

8. AGE: Years 53 | Months 9 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace DALLAS (City, town, or county) TEXAS (State or foreign country)

10. Usual occupation HOUSE KEEPER,

11. Industry or business OWN.

MOTHER FATHER

12. Name MATHEW P. METHENEY

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

14. Maiden name UNK

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

16. (a) Informant Mrs. J. V. Smith

(b) Address 1123 A S. Jefferson Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 18 46 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ SUN SET BURIAL PK

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) JUN 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 4, 1946, to June 15, 1946, that I last saw her alive on June 14, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Breasts, bilateral	?
Carcinoma of Lung (R), metastasis	?
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) Chronic Cardio-Vascular-Renal Disease	1 yr.

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature Tom C. Hale (M. D. or other) MD
Address 1544 S. Grand Blvd Date signed 6-15-46

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4614

P. O. Address St Louis 4 Mo

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.