

No. 2
DM-5-43
v. 5-17-39
I X36071

FILED JUL 16 1946
318

State File No. _____

Registrar's No. 5841

Registration District No. _____ Primary Registration District No. _____

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

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:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community 20 years,
years, months or days

3. (a) PRINT FULL NAME Mary W. Smith,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Egbert W. Smith, alive _____ years

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

7. Birth date of deceased June 30, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	0	2	hr. _____ min.

9. Birthplace Franklin, Tennessee,
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business _____

MOTHER FATHER

12. Name Jessie W. Wallae,

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

14. Maiden name Margaret Heiskel,

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

16. (a) Informant Mr. Marion W. Smith,

(b) Address New York City,

17. (a) cremation (b) Date thereof 7/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory,

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) Jul 2 1946 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
 (c) City or town University City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 6372 Washington Ave.,
(If rural, give location)
 (e) Citizen of foreign country? no
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
 year 1946 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from
Sept. 17, 1942, to July 2, 1946,
 that I last saw her alive on July 1, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

Due to Arterial Hypertension

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Duration

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)
 (c) Means of injury _____

23. Signature Hiram L. Leggett (M. D. or other) _____

Address 3720 Washington Blvd Date signed 7/2/46

Mr. Hiram Liggitt
3720 Washington

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 *Neville B. Prohetter*

Licensed Embalmer No. *3696*

P. O. Address *4161 Lindell*

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.