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DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION  
**FILED FEB 10 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**3144**

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **929**

**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:  
**3739 Cote Brilliante Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **70 yrs.**  
years, months or days

**3. (a) PRINT FULL NAME Bridget A. Smyth**

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 **Married**

6. (b) Name of husband or wife **Thomas Smyth**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **March 21 1872**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>74</b>	<b>10</b>	<b>5</b>	hr. _____ min. _____

**9. Birthplace Long Island, New York**  
(City, town, or county) (State or foreign country)

**10. Usual occupation House-wife**

**11. Industry or business at home**

**MOTHER FATHER**

12. Name **Edward Lane**

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

14. Maiden name **Mary Seanlon**

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

**16. (a) Informant Charles Smyth**

**(b) Address 3739 Cote Brilliante Ave.**

**17. (a) Burial (b) Date thereof Jan. 29/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation Calvary Cemetery**

**18. (a) Signature of funeral director Brookland and Co**

**(b) Address 1847 Boggs St.**

**19. (a) JAN 28 1947 (b) J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**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. **3739 Cote Brilliante Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **None**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH: Month Jan. day 26th.**  
year **1947** hour **6** minute **35 P.M.**

**21. I hereby certify that I attended the deceased from JAN 19 47 to JAN 26 47**  
that I last saw him **ER** alive on **3 JAN 47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic hypocholastic**  
**arteriosclerosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration

**5 1/2 yrs**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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) Nature of injury \_\_\_\_\_

**23. Signature J. Mueller (M. D. or other) KD**

**Address 114 W. Florida Date signed 1/27/47**

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

**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 Elmer R. Sadwell  
Licensed Embalmer No. 4077  
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.**