S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10689

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3216

1. PLACE OF DEATH:

(a) County: 00
(b) City or town: St. Louis 17
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 21 (Specify whether years, months or days)
In this community: 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 00
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 2816 Mills Street 9
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Martha Robinson Smith
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F 3
5. Color or race: Cue
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 12th (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
59	0	17	hr. min.

9. Birthplace: Concordia Parish (City, town, or county) La (State or foreign country) 1
10. Usual occupation: Housework
11. Industry or business:
MOTHER FATHER
12. Name: Samuel Cripps
13. Birthplace: (City, town, or county) La (State or foreign country) 1
14. Maiden name: unk
15. Birthplace: unk (City, town, or county) unk (State or foreign country) 9
16. (a) Informant: William Rah
(b) Address: 3009 Madison St
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: J. H. Riddle & Son
(b) Address: 3133 Bell ave
19. (a) APR 2 1948 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1948 hour 11:00 minute 20P. M.
21. I hereby certify that I attended the deceased from March 1, 1948 to March 29, 1948; that I last saw her alive on March 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: gangerene of left leg	
Due to: operation	
Due to: 98	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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?: (Specify type of place)
While at work?: (e) Means of injury:
23. Signature: [illegible] M.D. (M. D. or other)
Address: 1015 A. N. Garrison Date signed: 3/31/

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.