No. 2
—1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10690
Registrar's No. 2516

FILED MAR 23 1948
Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/23/48 to 3/11/48 (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. 13 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary E. Smith (Smyth) MARY E. SMITH (SMYTH)
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 4 (Day) 1878 (Year)

8. AGE: Years 70 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Marty Corcoram
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Annie O'Rourke
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 15-48 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PK. Cem
18. (a) Signature of funeral director E. J. Schmer
(b) Address 3125 Lafayette Av.
19. (a) MAR 23 1948 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1948 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 1 1947 to March 11 1948 that I last saw her alive on March 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration
Hypertensive cardiovascular disease
Diabetes
Due to
Due to
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 Warren C. Jones (M. D. or other)
Address 5600 Arsenal Date signed 3-11-48

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

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

Mail

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.....J. Allen Davis Jr

Licensed Embalmer No:.....4053

P. O. Address.....St Louis 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.