No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1948

Registration District No. 397

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15053

Registrar's No. 1160

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Kimay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MT. ST. ROSE SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1639 CALIFORNIA 9
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME SMERZ, MARGARET MARY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEL

5. Color or race W

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

6. (b) Name of husband or wife GEORGE E. SMERZ

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased MAY (Month) 10 (Day) - 1900 (Year)

8. AGE: Years 47 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) IRELAND 4 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name JOHN GRANT U
13. Birthplace ..... (City, town, or county) IRELAND 1 (State or foreign country)

MOTHER
14. Maiden name MARY BERRY
15. Birthplace ..... (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant GEORGE E. SMERZ

(b) Address 1639 CALIFORNIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 10 (Day) - 1948 (Year)

(c) Place: burial or cremation SS. PETER & PAUL CEM.

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

(b) Address 3125 LAFAYETTE

19. (a) 5-8-48 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6
year 1948 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from MAY 5, 1948, to MAY 6, 1948;
that I last saw her alive on MAY 6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death RESPIRATORY & CARDIAC FAILURE

Due to PULMONARY TUBERCULOSIS

Due to 13b

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy PULMONARY TUBERCULOSIS

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature George M. Tanaka (M. D. or other)

Address Mt St. Rose Sanatorium Date signed 5/7/48

(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. 4014

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.