REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

16643
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No.
Primary Registration District No.
Registered No. 4504
(d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 2055

2. PRINT FULL NAME Mary Smith 530
(a) Residence, No. Father Dempsey Home 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
13. NAME James Smith 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Margaret Lee 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE May 18, 1938

19. FUNERAL DIRECTOR (NAME) Max Dickman
(ADDRESS) 3039 Easton

20. FILED MAY 17 1938 J. D. Brecher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/12/38, 19, to 5/16/38, 19
I last saw him alive on 5/16/38, 19. Death is said to have occurred on the date stated above, at 2.15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta - arterio-sclerotic	
Other contributory causes of importance:	
Bronchopneumonia	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Richard J. Kelly, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

Every effort of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.