JAN 10 1939 REC'D FEB 7 1939

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

3900
Do not use this space.

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1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 115 — Registered No. 54
(c) City University City (d) Street No. 6825 Melrose 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.

2. PRINT FULL NAME Mary Ann Smith
(a) Residence, No. 6825 Melrose St. (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 12 1868

7. AGE: 70 YEARS, MONTHS: 2, DAYS: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Missouri 0

FATHER
13. NAME: John Barry 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

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

17. INFORMANT (ADDRESS): Margaret B. Smith, 6825 Melrose

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem DATE: Jan 12 1939

19. FUNERAL DIRECTOR (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave

20. FILED JAN 10 1939 — T. R. Meyer M.D. Pr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939, to Jan 9, 1939. Last saw her alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 3.00 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 5/39

Other contributory causes of importance:

Arteriosclerosis (General)	Jan 1938
Hypertension	Jan 1938

Name of operation: None — Date of
What test confirmed diagnosis? Was there an autopsy? no

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?
If so, specify
(Signed) Milo J. Heideman, M. D.
(Address) 333 Metropolitan Bldg — St. Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item 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.

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Dr. Milo. Heidemann
Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I, Alan. Neely, Licensed Embalmer No. 3225

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Alan Neely

Licensed Embalmer No. 3225

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.)