

REC'D AUG 17 1939 **701**
Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. **6102**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **ST. LOUIS**
(c) Name of hospital or institution: **CITY HOSPITAL**
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** 12
(d) Street No. **915 Aubert ave.**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **SARAH SMITH** **530**
(b) If veteran, name war _____ (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 **GEORGE** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **FEB. 6, 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	4	23	hr. _____ min.

9. Birthplace **NEW YORK CITY**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business _____

MOTHER FATHER
12. Name **JOHN CORRIS**
13. Birthplace **NEW YORK CITY.**
14. Maiden name **D. JUNT KNOW**
15. Birthplace **NEW YORK CITY**

16. (a) Informant's own signature **Joseph Lawrence**
(b) Address **1127 Roland Drive**

17. (a) **BURIAL** (b) Date thereof **7-12-39**
(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **William J. Donnelly**
(b) Address **3840 Lindell Blvd**

19. (a) **JUL 11 1939** (b) **J. B. Brubaker**
(Date received local registrar)

MEDICAL CERTIFICATION **8/12**
20. DATE OF DEATH: Month **JULY** day **12**
year **1939** hour **11:42** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
2nd Degree Burn on Right Arm and upper right leg
Due to **scald of body due to clothing becoming ignited while smoking a pipe at home 915 Aubert Ave**
Other conditions **the woman's skull**
Major findings: **in June 25th 1939**
Of operations **slab 6:30 pm**
Of autopsy **accident**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **6/25/39**
(c) Where did injury occur? **St. Louis, Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place)
(a) Means of injury _____
23. Signature **Joseph Lawrence** (M. D. or other) _____
Address _____ Date signed **7/11/39**

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.

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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, above space should be left blank.