

DEC 13 1939

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10126**

1. PLACE OF DEATH:

(a) County **St. Louis** **1**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Josephine Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether
In this community **16 years**
years, months or days)

3. (a) PRINT FULL NAME **Anna Mae Smith 530**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lawrence** 6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **June 24 1910**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	29	5	3	hr. _____ min.

9. Birthplace **Ade INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Clarence Bonebrake**
13. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Liene Smith**
15. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lawrence Smith**
(b) Address **3034 St. Vincent St.**
17. (a) **Burial** (b) Date thereof **11/30/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hannibal, Mo.**

18. (a) Signature of funeral director **Clayton J. Hoffmeister**
(b) Address **4016 Chippewa St.**
19. (a) **NOV 28 1939** (b) **J. J. Brudvik**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3034 St. Vincent St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **21**
year **1939** hour **3** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **4-8 189**, to **11-27 189**;
that I last saw her alive on **11-27 189**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Appendicitis subacute** Duration **1 mo**
Due to _____
Due to **Streptococcus septicaemia** Duration **2 days**
Other conditions (include pregnancy within 3 months of death) _____

Major findings of operations **Bilateral cystic ovaries - retracted**
Of autopsy _____
PHYSICIAN _____
Underline 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? _____

23. Signature **Arthur Dahms** (M. D. or other) _____
Address **1402 Le Grand Bl** Date signed **11-28-39**

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

Rev. 5-17-39 I 19311

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 Ernest W. Spillars
Licensed Embalmer No. 4080
P. O. Address 3578 Russell Pl

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.