DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12103

FILED APR 9 1941

Registration District No. 184 — Primary Registration District No. 200 — Registrar's No. 6[illegible]

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution: St. Vincent Sanitarium.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 70 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston.
(If outside city or town limits, write "RURAL")

(d) Street No. 7300 St. Charles Road.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Bridget Smith

3. (b) If veteran, name war ____ 3. (c) Social Security No. None.

4. Sex Female 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widow. 2

6. (b) Name of husband or wife Edward F. Smith. 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased February (Month) 4. (Day) 1865 (Year)

8. AGE: Years 76 | Months 1 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Washington, D.C. (City, town, or county) ____ (State or foreign country)

10. Usual occupation At Home.

11. Industry or business ____

FATHER
12. Name John Fitzgerald.
13. Birthplace Ireland. (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Mary Lynch.
15. Birthplace Ireland. (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature Mrs. N. H. Davis.
(b) Address 1507 Tamm Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

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

19. (a) MAR 24 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1941 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from February 14, 1941, to March 23, 1941 that I last saw her alive on March 23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	9 days
Due to Cardiac - renal - vascular disease	10 yrs
Due to Senility	10 yrs
Other conditions Psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1310
Of autopsy ____

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 P. F. Rubitschek (M. D. or other)
Address St. Vincents Sanitarium Date signed ____

(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.

X19511

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 B

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

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