

FILED DEC 15 1942
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10184**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution.....
Jewish Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2 days.**
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... **000**
12

(c) City or town..... **St. Louis** **6**
(If outside city or town limits, write "RURAL")

(d) Street No. **1473a Belt Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... **NO** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Bridgie Smith H.**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4th**
year **1942** hour **12** minute **45 P.M.**

4. Sex **Female** / race **White** / divorced **Married**

5. Color or race.....

6. (a) Single, widowed, married, divorced.....

6. (c) Age of husband or wife if alive..... **63** years

7. Birth date of deceased..... **May 22, 1879.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 2** 19 **42** to **Dec. 4** 19 **42** that I last saw **her** alive on **Dec. 4** 19 **42** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

63 **6** **12** hr. min.

Immediate cause of death..... **Bronchopneumonia 12 hrs.**

Due to..... **Pulmonary Infarction 5 day**

Due to..... **arteriosclerotic Heart 1 yr. Disease & decompensation**

Other conditions..... **general arteriosclerosis**
(Include pregnancy within 3 months of death)

9. Birthplace..... **Housewife Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife.**

11. Industry or business..... **at home**

Major findings: Of operations..... **92 19**

Of autopsy..... **92**

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name..... **Patrick H. O'Shea.**

13. Birthplace..... **? Ireland.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Dont know.**

15. Birthplace..... **Dont know.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Alfred H. Smith.**

(b) Address..... **1473a Belt Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **12-7-1942.**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **New S.S. Peter & Paul**

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?..... **Cemetery.**

18. (a) Signature of funeral director..... **Geo. L. Pleitsch Inc.**

(b) Address..... **5966-68 Easton Ave.**

19. (a) **DEC 7 1942** (Date received local registration) **J. F. Breuer** (Registrar's signature)

While at work?..... (Specify type of work) (c) Means of injury..... **3**

23. Signature..... **Louis G. Cole** (M. D. or other) **N.D.**
Address..... **216 S. Kellogg Highway** Date signed..... **12/4/42**

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

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 8454

David C. Gibson

, Registered Apprentice No. 346

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P.O. Address 5966 Easton St. - Mo.

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, fact should be so stated above.