S. No. 2
M—9-4-41
5-17-39
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

318

FILED MAR 2 1943

Registration District No. 2

Primary Registration District No. 1003

State File No. 4796

Registrar's No. 1741

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:
4723 Prague Ave. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4723 Prague Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Rose Smugai

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 30th (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	4	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation College Student

11. Industry or business

FATHER
12. Name Leo A. Smugai
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Helen Kolkowski
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Leo A. Smugai
(b) Address 4723 Prague Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1943 hour 4:35 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb 21, 1943, to Feb 21, 1943; that I last saw her alive on Feb 21, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ostio. Sarcoma.	8 mo
Due to	
Due to	
Other conditions Malnutrition (Include pregnancy within 3 months of death)	3 mo.

55

Major findings:
Of operations
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 H H Shackelford 0 (M. D. or other)
Address 3903 Olive Date signed 2/22/43

(Licensed Embalmer's Statement on Reverse Side)

Je 5600

3903 Olive St.

1-4-503

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 Edwin S. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.