

19122/0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

RECEIVED JUN 7 1943
Registration District No.

Primary Registration District No. 2069

Registrar's No. 1300

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(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:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6323A Wellsmar Ave.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mildred L. Smith.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert H. Smith 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 26, 1912.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>2</u>	<u>5</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Frank Creely
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Brequeleur
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert H. Smith
(b) Address 6323A Wellsmar Ave.,

17. (a) Burial (b) Date thereof June 4/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) JUN 3 1943 (b) E. J. McManis
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 11.40 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to 5-31, 1943
that I last saw her alive on 5-3-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Gen. Carcinomatous Cancer

Due to Cancer of Breast 2 1/2 yrs

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 50
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?

While at work?..... (Specify type of place) (b) Means of injury.....

23. Signature Les McManis (M. D. or other)
Address 805 - page Blvd Date signed.....

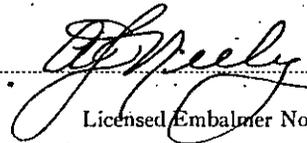
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Leo Reilly
8105 Page Blvd.,
W1. 1021.

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.....



Licensed Embalmer No. 3225

P. O. Address. 1125 Hodiamont Ave.,

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.