

FILED SEP 28 1943 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(c) County  
(b) City or town Saint Louis, Missouri.  
(c) Name of hospital or institution:  
824 Goodfellow Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marie F. Smith,

3. (b) If veteran, name war \_\_\_\_\_ 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 George R. Smith Jr. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 22nd, 1887.  
(Month) (Day) (Year)

8. AGE: 56 Years 6 Months 26 Days If less than one day hr. min.

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

10. Usual occupation House-wife.

11. Industry or business William Wibricht.

12. Name William Wibricht.

13. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant George R. Smith Jr.

(b) Address 824 Goodfellow Ave.

17. (a) Burial (b) Date thereof Sept. 20, 43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6409 Gravois Ave.

19. (a) SEP 19 1943 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town Saint Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 824 Goodfellow Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th,  
year 1943. hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 3 1943 to Sept 18 1943  
that I last saw h. alive on Sept 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Toxic Duration 6 mo

Due to Carcinoma of Breast

Due to Met

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Breast. PHYSICIAN \_\_\_\_\_

Of autopsy no

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) (e) Means of injury \_\_\_\_\_

23. Signature John J. Langford (M. D. or other) 5-18-43  
Address 5803 Plymwood av Date signed \_\_\_\_\_

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

MOTHER FATHER

---

---

**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.....

*V.E. Morris*

Licensed Embalmer No.....

*3960*

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.**