

FILED JAN 19 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 97

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Overland  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
9206 Tudor 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:

(a) State Missouri (b) County St. Louis  
 (c) City or town Overland  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9206 Tudor Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruth Dodson Smith

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

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

6. (b) Name of husband or wife John B. Smith 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased February 27 1900  
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>43</u>	<u>10</u>	<u>15</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name A.M. Sellars

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

14. Maiden name Ella Armstrong

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

16. (a) Informant John B. Smith

(b) Address 9206 Tudor

17. (a) Burial (b) Date thereof 1-15-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blyd.

19. (a) JAN 14 1944 (b) E. G. Mc Gowan, Md  
 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 12, year 1944 hour 9 P.M. minute 15 M.

21. I hereby certify that I attended the deceased from Sept 1 to Jan 12 1944

that I last saw her alive on Jan 12 and that death occurred on the date and hour stated above. 1944

Immediate cause of death Carcinoma of Broad Ligament  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration 4 7/10

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus with metastases  
 Of operations \_\_\_\_\_  
 Of autopsy 497

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 F. L. Jolley M.D. (Physician or other)  
 Address 2321 Medical Date signed 1-12-44

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

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**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 *Albert G. Hoyle*.....

Licensed Embalmer No. *2971*.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**