

FILED MAR 31 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3069

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

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. Mary's Hospital  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Wayne

(c) City or town Fairfield  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise W. Smith

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 Married

6. (b) Name of husband or wife George E. Smith

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 18 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

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

MOTHER FATHER {

12. Name Nickolas Weinland

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

14. Maiden name Mary Schmidt

15. Birthplace Columbia Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant George Smith

(b) Address Fairfield, Ill.

17. (a) Removal (b) Date thereof 3-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairfield, Ill.

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

(b) Address 4700 Washington Blvd.

19. (a) MAR 18 1944 (b) E. J. McCarney  
(Date received at registrar's office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1944 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 17 1942 to March 11 1944  
that I last saw him alive on March 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: METASTATIC CARCINOMA  
Duration 2 yrs.

Due to CARCINOMA OF RIGHT BREAST.

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: CARCINOMA OF RIGHT BREAST.

Of autopsy SO

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) (c) Means of injury

23. Signature Smith (M. D. or other) M.D.  
Address 1194 N. DIAMANT AVE Date signed 3-11-44

**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 W. Wilkins  
Licensed Embalmer No. 3575

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.**