No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16773

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5005

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:
St. John's Hospital 0
(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 Missouri (b) County 17

(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2118 Mullanphy St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha A. 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 Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 15 (Day) 1871 (Year)

8. AGE: Years 73 Months 2 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Lawrence Smith
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Costello
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Kate Smith
(b) Address 2118 Mullanphy St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6- 1- 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAY 31 1944 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 2 minute 0 p. M.

21. I hereby certify that I attended the deceased from May 21, 1944, to May 29, 1944
that I last saw her alive on May 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Arteriosclerotic Heart Disease — 10 years

Due to .....

Other conditions Intertrochanteric Fracture one day
(Include pregnancy within 3 months of death)

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) accident
(b) Date of occurrence May 28 1944
(c) Where did injury occur? Rt Farm 000 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
St John's Public Place (Specify type of place)
While at work? no (e) Means of injury fall 0

23. Signature Foster A. Dill (M. D. or other) MD
Address 7346 a Manchester Maplewood, Mo. Date signed 5-31-44

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Fruck

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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.