S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19221

FILED JUL 14 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5478

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3930 Westminster Place.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Frances Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

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

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

7. Birth date of deceased May (Month) 29 (Day) 1862 (Year)

8. AGE: Years 83 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Law Major.
13. Birthplace Indiana.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia McDonough.
15. Birthplace Dont Know.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Smith.
(b) Address 3930 Westminster Place.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6-26-45. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUN 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd.
year 1945. hour 10 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right Femur. Arteriosclerosis. Suffered when she attempted to sit down on chair in her home and fell to the floor on June 1945 between three and four P.M.

Duration

Due to

Other conditions
(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 June 8, 1945

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? (e) Means of injury as above

23. Signature Patrick E Taylor (M.D. or other)

Address Dyer Date signed 6/23/45

(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 W H Van Matre

Licensed Embalmer No. 2826

P. O. Address 4340 Lafayette

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.