

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CERTIFICATE OF DEATH STANDARD CERTIFICATE OF DEATH

10816

State File No. _____

Registrar's No. 662

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Balwin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7/11/43
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Elvins, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Catherine 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 Widowed

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

7. Birth date of deceased March 15 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Orphan - Parents unknown

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

14. Maiden name _____

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

16. (a) Informant (Bunny) Lawrence Easter

(b) Address Elvins, Missouri

17. (a) Burial (b) Date thereof Mar. 17, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery, Doe Run, Mo.

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Flat River, Mo.

19. (a) 3/21/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15
year 1946 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Mar 1
1945 to Mar 15 1946
that I last saw her alive on March 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to 46 hr

Due to Chr Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46 hr
Of autopsy _____

Duration

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)
(e) Means of injury _____

23. Signature R. N. Jansen (M. D. _____)
Address Manchester, Mo Date signed 3/15/46

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

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 *Everett Sparks*

Licensed Embalmer No. *4287*

P. O. Address *Flat River M*

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.