

No. 2
7-5-43
5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32232**
7986
Registrar's No.

FILED SEP 21 1946

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **Caroline Smart**

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 **Richard Smart** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 12 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 2 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Joseph Wedle**

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

14. Maiden name **Sophia Metz**

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

16. (a) Informant **John C. Smart**

(b) Address **Vicksburg, Miss.**

17. (a) **Burial** (b) Date thereof **9-17-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Church Yard**

18. (a) Signature of funeral director **Weick Bro. Und. Co.**

(b) Address **2201 S. Grand Bl.**

19. (a) **SEP 16 1946** (b) **J. H. Jensen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **7317**
(If outside city or town limits, write "RURAL")
(d) Street No. **2356 S. 10th St.** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14**
year **1946** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 13** 19 **46** to **September 14** 19 **46**
that I last saw h. **er.** alive on **September 13** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Anemia & Possible Pulmonary Embolus**
Due to **Hemorrhage**

Due to **Duodenal Ulcer** **Indef.**
Other conditions **73-**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None Performed**
Of autopsy **None Performed**

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 **J**
23. Signature **J. Ernest Jensen** (M. D. or other) **M.D.**
Address **3720 Washington** Date signed **9/16/46**

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

MOTHER FATHER

Dr. C. J. Sherrin
3720 Washington
S. S. P. M.

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.....

James R. Dunn

, Registered Apprentice No. 403

working under my personal supervision.

Signed.....

Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.