

No. 2
2-45
7-39
X47070

FILED SEP 24 1946
318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 7982

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital #1.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days (Specify whether
 In this community life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Ruth M. Smith
 3. (b) If veteran, name war no 3. (c) Social Security No. _____
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Elva 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased May 21, 1902
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 3 .24 hr. min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation sewing machine operator

MOTHER FATHER

11. Industry or business _____
 12. Name William Crabtree
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Harper
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Elva Smith
 (b) Address 1125a Dolman Avenue
 17. (a) burial (b) Date thereof 9-18-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. James, Missouri

18. (a) Signature of funeral director A.W. McLaughlin
 (b) Address 2301 Lafayette Avenue
 19. (a) SEP 16 1946 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1125a Dolman Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
 year 1946 hour 1:37 minute P M.
 21. I hereby certify that I attended the deceased from 9/5/46
Sept. 15th 19 46
Sept. 15th 19 46

that I last saw her alive on _____ and that death occurred on the date and hour stated above.
 Immediate cause of death Myelogenous shock Duration
following thrombocytopenic purpura
Due to extra renal space to purpura
Due to metastatic leukemia to the
kidney
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: as above 50
 Of operations _____
 Of autopsy met. ca. involving sub
pharynx, liver & extra renal space

PHYSICIAN

Underline the cause to which death should be charged at-
tached to this certificate.

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 [Signature] 1515 Lafayette 9/16/46
 Address [Signature] Date signed _____

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.....

Licensed Embalmer No. *3633*

P.O. Address *2301 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.