

No. 2  
2-45  
7-30  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15659

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4220**

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:  
6941 Dale Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6941 Dale Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann 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 Widowed

6. (b) Name of husband or wife Thomas J. Smith

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

7. Birth date of deceased October 22, 1854  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1947 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug-1- 1946 to April-23 1947  
that I last saw her alive on April-20- 1947  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of heart-ventricle

Duration \_\_\_\_\_

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

10. Usual occupation Housewife

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 552

11. Industry or business \_\_\_\_\_

12. Name John Hood

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

14. Maiden name Margaret Hawkes  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (c) Informant Mrs Walter C. Rodgers

(b) Address 6941 Dale Ave

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Removal (b) Date thereof 4/25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural Cem, near Tilden Wagoner Mortuary Ills

(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? \_\_\_\_\_

18. (a) Signature of funeral director J. F. Bredack

(b) Address 4161 Lindell Blvd

(Date received local registrar) (Registrator's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature J. F. Bredack (M. D. or other) \_\_\_\_\_  
Address 4903 S. Elm Date signed 4/23/47

**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

*Wesley D. Probert*

Licensed Embalmer No. **3696**

P. O. Address **4161 Lindell Blvd**

**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.**