

FILED JUL 26 1947

1003

Registrar's No. 8845

Registration District No. 318

Primary Registration District No. ....

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  
**2856 S. Eighteenth St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

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. **2856 S. Eighteenth St.**  
**24** (If rural, give location)  
**No**

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

3. (a) PRINT **Louise Marie De Smet**  
FULL NAME

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**  
year **1947** hour **5** minute **P** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **November 5, 1856**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 23 1947** to **July 20 1947**  
that I last saw him alive on **July 19 1947**  
and that death occurred on the date and hour stated above.

Duration

8. AGE:

Years	Months	Days	If less than one day
<b>90</b>	<b>8</b>	<b>15</b>	hr. min.

Immediate cause of death **Chronic Myocarditis**

Due to.....

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

Due to.....

10. Usual occupation **Housework**

Other conditions **Chronic Nephritis**  
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings:  
Of operations.....

12. Name **De Graeve**

Of autopsies.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

14. Maiden name **Not Known**

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

16. (a) Informant **Clementine De Smet**

(b) Address **2856 S. Eighteenth St.**

17. (a) **Burial** (b) Date thereof **7/23/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **John P. ...**  
(b) Address **2630 Crayola Ave.**

19. (a) **JUL 21 1947** (b) **J. P. ...**  
(Date received local registrar) (Registrar's signature)

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?.....  
(Specify type of place)

23. Signature **Dr. C. Hansen** (M. D. or other)  
**2012 Lafayette** Date signed **7/24/47**

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

MOTHER FATHER

**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..... *Robert F. Gebken*.....  
Licensed Embalmer No. *4144*.....  
P. O. Address..... *2630 Grandis*.....

**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.