DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21357

Primary Registration District No. 1003

Registrar's No. 5668

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. NR. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME SMITH, MARY ELIZABETH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louis Smith

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September (Month) 11 (Day) 1885 (Year)

8. AGE: Years 62 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Green Co. (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William McCauley

13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

14. Maiden name Sarah Powell

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

16. (a) Informant Louis Smith 1

(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 23 1948 (Date received local registrar) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1948 hour 6 minute 07 P.M.

21. I hereby certify that I attended the deceased from May 15, 1948, 19__, to June 21, 1948, 19__; that I last saw her alive on June 21, 1948, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Arteriolar nephrosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cirrhosis of liver	
Major findings: Of operations	
Of autopsy As above	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)

Address Barnes Hospital, Date signed 6/22/48

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Deitele

Licensed Embalmer No. 4329

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.