

FILED JUL 22 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

Mary O. (Mollie) Smith
3. (a) PRINT FULL NAME Mary O. (Mollie) Smith
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, Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 24 years (Day) (Year) 1874

7. Birth date of deceased May (Month) 24 (Day) 1874 (Year)
8. AGE: Years 74 Months 1 Days 18 If less than one day hr. _____ min. 0

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Barry
13. Birthplace Foreland (City, town, or county) (State or foreign country)
14. Maiden name Mary Katherin Flanagan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant John Loftus
(b) Address 1542 N 15th str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co.
(b) Address 1841 Cass ave

19. (a) JUL 14 1948 (Date received from registrar) J. J. Predest (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1442 North 10th Str (If rural, give location)
Memorial 25
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1948 hour 8 minute 45 AM.
21. I hereby certify that I attended the deceased from 6/17/48
_____ 19____ to July 12th 1948
that I last saw her alive on July 12th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial Anemia Duration _____
Due to _____
Due to 7/2
Other conditions (Include pregnancy within 8 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature J. J. Muenkel (Name of physician)
Address 1515 Lafayette Date signed 7/12/48

WRITE PLAINLY—USE 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.....

Frank J. Land

Licensed Embalmer No..... *2675*

P. O. Address..... *St. Louis, Mo*

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.