

No. 2  
9-43  
17-39  
X37823

FILED OCT 4 1948

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 3069

Registrar's No. 2103

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Rural 110  
(If outside city or town limits, write "RURAL")

(d) Street No. Near Peters mo 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mildred K. Smith

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

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

4. Sex Female

5. Color or race white

6. (a) Single, widow, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: July 4 1948  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>13</u>	hr. min.

9. Birthplace Washington Co. mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Wesley Smith

13. Birthplace Washington Co. mo  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Mae

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

16. (a) Informant Wesley Smith

(b) Address Peters mo

17. (a) Burial (b) Date thereof 7-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Peters mo

18. (a) Signature of funeral director Mr. J. H. Smith

(b) Address Peters mo

19. (a) 9-7-48 (b) Gene A. Shaplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-14  
\_\_\_\_\_ 1948, to 7-17, 1948

that I last saw h. m. alive on 7-11, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
respiration failure 1 week

Due to gen congenital  
debility

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

Other conditions (Include pregnancy within 3 months of death) 158

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 \_\_\_\_\_

23. Signature John H. Dain (M. D. or other) \_\_\_\_\_  
Address 634 N. Grande Date signed 7-22-48

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 *Murphy L. Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River, 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:**