WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7770

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 2133

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 3974 Wyoming St. ..... St. ..... Ward)

2. FULL NAME Justina Smercina

(a) Residence No. 3974 Wyoming St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Wm Smercina

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 16, 1855

7. AGE: YEARS 75 | MONTHS 1 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: John Ray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: Agetha Guerardian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Matile Smercina
(Address) 3974 Wyoming

15. FILED FEB 17 1931 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-15 1931

17. I HEREBY CERTIFY, That I attended deceased from Febr 6/31, 1931, to Febr 15th, 1931, that I last saw her alive on Febr 15th, 1931, and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
acute nephritis & Influenza
932
8216
116
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY): arterio sclerosis hypertension & myocarditis chronic
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jerry Jacobson M. D.
, 19 (Address) 1310 Curt Nat Bank Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: 2-18 1931

20. UNDERTAKER: Kriegshauser U. Co. S. Kingshighway
ADDRESS 4228

Jacobson
Central National
1-4
705 Olive