

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

Do not use this space.

JUN 8 1936

24210

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City. **St. Louis Mo.** (No. **3308 Chippewa St.**)
Enroute to hosp.

File No.....
 Registered No. **5811**..... Ward.....

2. FULL NAME

Josephine Smith
 (a) Residence No. **3308 Chippewa** St., **16** Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John F. Smith</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 24 - 1883</i>			
7. AGE <i>Ab. 53</i>	YEARS <i>3</i>	MONTHS <i>8</i>	DAYS <i>8</i>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Housewife</i>		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/11/36*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *9⁰⁰ A. m.*

The principal cause of death and related causes of importance were as follows:
Acute Stenosis, Mitral Stenosis, Fatty Degeneration of heart, Arteriosclerosis, Glomerulonephritis.

Date of onset.....

Other contributory causes of importance:.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
 (Signed) *Harold P. Shug*..... M. D.
 (Address) *St. Louis*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *John P. Moser*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Mary Ellen Murray*

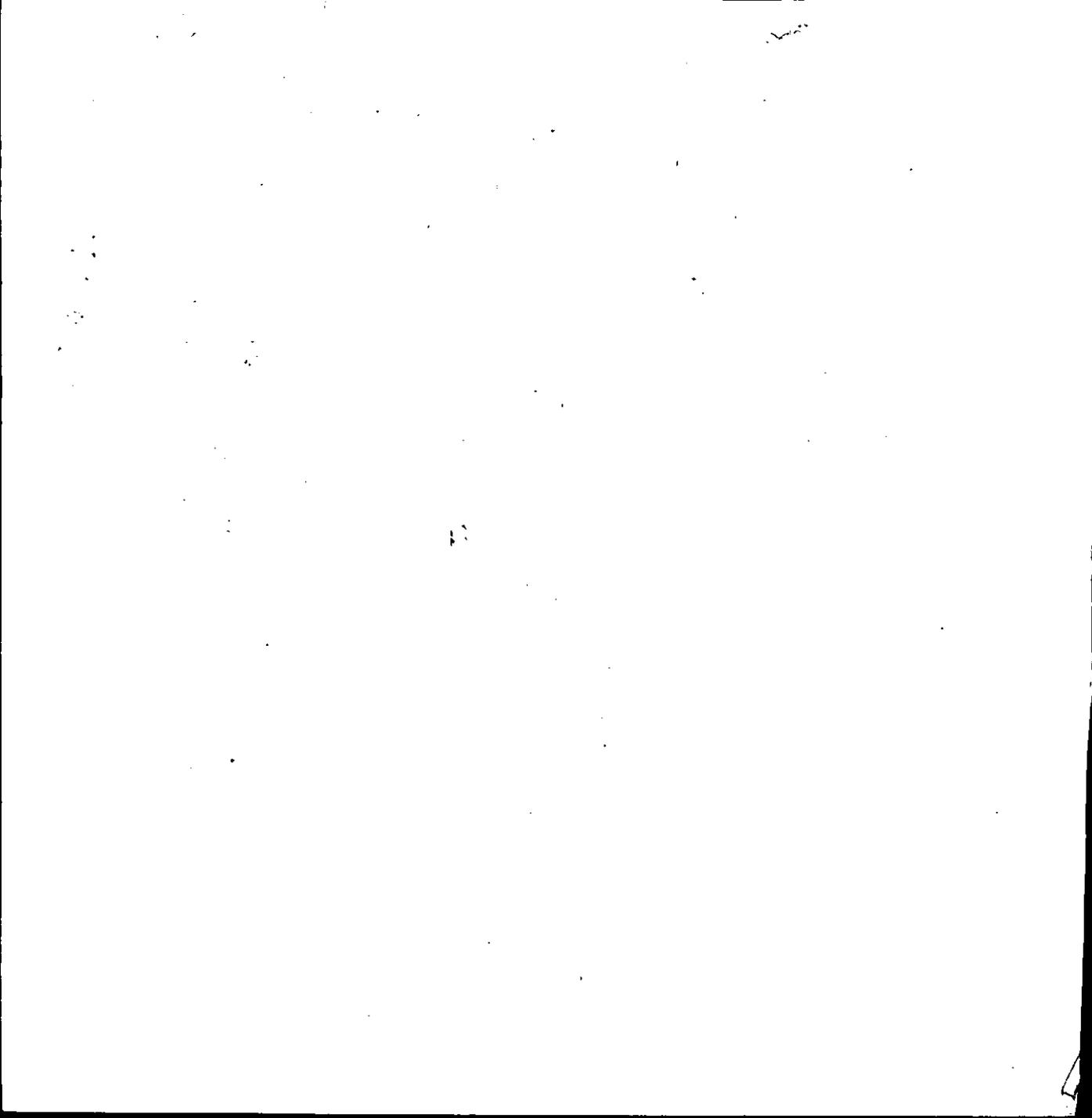
MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Old Mendon Mo.*

17. INFORMANT (ADDRESS) *Mrs. E. J. Schuur 3125 Lafayette av.*

18. BURIAL, CREMATION, OR REMOVAL *Nathan Jefferson Barracks* DATE *June 4 1936*

19. UNDERTAKER (ADDRESS) *E. J. Schuur 3125 Lafayette av.*
J. Bredeck

20. FILED **JUN 31 1936** Registrar



5811

I, ISABEL BIANCHARD, of lawful age, residing at 3015 Gasconade Street, City of St. Louis, State of Missouri, deposes and says: That she is a niece of JOSEPHINE SMITH, who died at #3308 Chippewa Street, in said City, Monday, June 1st, 1936; that the said JOSEPHINE SMITH was, at the time of her death, 62 years of age.

I further depose and say that the age of the said deceased is incorrectly entered in the Coroner's record of the City of St. Louis.

Further deponent saith not.

Witness my hand this 5th day of June, 1936.

Isabella Bianchard

o

Subscribed and sworn to before me this 5th day of June, A. D. 1936.

My commission expires:

~~July 27-1937~~
~~John S. Williams~~

Notary Public, City of St. Louis, State of Missouri.

S-24210

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