

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

32447

Do not use this space.

8501

1. PLACE OF DEATH

(a) County St. Louis,
(b) Township
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Smith.
(a) Residence, No. City Infirmary, 5800 Arsenal St.

Hospital.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

? ? 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

unk

9. Industry or business in which work was done, as saw mill, bank, etc.

X

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

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

Missouri.

FATHER

13. NAME

George Smith,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri.

MOTHER

15. MAIDEN NAME

Anna Smith,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky.

17. INFORMANT (ADDRESS)

E. Molony
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem. DATE Sept. 10 1937

19. FUNERAL DIRECTOR (ADDRESS)

A. Russell Und. Co.
2732 Pine Street

20. FILER

SEP 10 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to September 8, 1937.

I last saw her alive on September 8, 1937. Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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, at 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) Geo. H. Boggs, M. D.

(Address)

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

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.)