

WHITE PAPER, WITH GRADING MARKS 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.

OCT 14 1937

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

791
1003

32547
Do not use this space.
8601

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Missouri (d) Street No. 3215 Gravois Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Louise Smith

(a) Residence, No. 3215 Gravois Avenue St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
85 11 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME Martin Hauber
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Miss Sarah Smith
(ADDRESS) 3215 Gravois Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul's Chyd. DATE Sept. 14, 1937

19. FUNERAL DIRECTOR Beiderwieden Funeral Home,
(ADDRESS) 1936 St. Louis Ave.

20. FILE SEP 13 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17th, 1937, to Sept. 11th, 1937
I last saw her alive on Sept. 11th, 1937. Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset Many years
Aterio-sclerosis
Myocarditis chronic
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify E. M. Schuricht, M. D.
(Signed) E. M. Schuricht
(Address) 2327 So. 12th St.

Rev. 2. 8. 1911. -
2327 S. 12th

12-2

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STATEMENT BY LICENSED EMBALMER

I, Helis J. Kispin, Licensed Embalmer No. 3497

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 Helis J. Kispin
Licensed Embalmer No. 3497

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.)