

DEC 13 1937

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

39559

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **MISSOURI BAPTIST HOSPITAL** 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.
UNKNOWN

2. PRINT FULL NAME **PAULINE SMYTHE**

(a) Residence, No. **2207 MONTGOMERY ST.** St. **20** (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 **HENRY SMYTHE**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT. 20, 1855**
 7. AGE YEARS **82** MONTHS **0** DAYS **12** If LESS than 1 day,hrs. ormin.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **HOUSEWIFE**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **CINCINNATI**
 (STATE OR COUNTRY) **OHIO**

FATHER 13. NAME **GEORGE CARPENTER**

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

MOTHER 15. MAIDEN NAME **SUSIE WHERY**

16. BIRTHPLACE (CITY OR TOWN) **CINCINNATI**
 (STATE OR COUNTRY) **OHIO**

17. INFORMANT **MRS. E. D. TURNER**
 (ADDRESS) **5584 ETZEL AVE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** NOV. 15, 1937

19. FUNERAL DIRECTOR (ADDRESS) **2218 N. Louis ave**

20. FILE NO. **NOV 14 1937** **J. T. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 12** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 7.** 19 **37** to **Nov 12.** 19 **37**

I last saw her alive on **Nov. 11** 19 **37** Death is said to have occurred on the date stated above, at **6.15AM**

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

Broncho-Pneumonia 11/8

Other contributory causes of importance:
Pulmonary Oedema 11/11

Name of operation **None** Date of.....

What test confirmed diagnosis? **Clinical** 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.....

(Signed) **Wm. H. Krug,** M. D.

(Address) **2249 St. Louis ave**

899

2022

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart
L. E.

No. _____ or by _____
working under my personal supervision.

Signed Charles Goodhart, Registered Apprentice No. _____
Licensed Embalmer No. 2777

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.)