

DEC 28 1937

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

42374

Do not use this space.

1. PLACE OF DEATH

- (a) County St. Louis Registration District No. 785
(b) Township Indian Primary Registration District No. 6031
(c) City Kirkwood (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 0 yrs. 8 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Clara S. Smith
(a) Residence, No. Box 693-R-#12 Kirkwood, Mo. St.
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

Frank S. Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 9 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired house wife
9. Industry or business in which work was done, as saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass.13. NAME Unknown Keller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Fred R. Smith
Glencoe, Mo. R. #118. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Cemetery
St. Louis Co. Mo. DATE Nov. 23 - 193719. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home
Ballwin, Mo.20. FILED 11-23 1937 Agnes C. Kelly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 - 1937 1922. I HEREBY CERTIFY That I attended deceased from Oct 22 1937 to Nov 22 1937I last saw him alive on Nov 20 1937 Death is saidto have occurred on the date stated above, at 2: A. M.

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

Cerebral HemorrhageDate of onset Nov 20

Other contributory causes of importance:

Arterio sclerosis R

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, 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) C. Barrett M. D.(Address) 209 S. Hubert Kirkwood Mo

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

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

L. E. Theo. Schrader

No. 3066 or by ✓ Registered Apprentice No. ✓
working under my personal supervision.

Signed Theo. Schrader
Licensed Embalmer No. 3066

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.)