

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

414
Do not use this space.

1. PLACE OF DEATH **FEB 19 1938**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **1134 Talmadge** 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 **Margaret Smith 530**
 (a) Residence, No. **1134 Talmadge** St. **18**
 (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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 20, 1858**

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 79 | 6 | 16 | |

OCCUPATION 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 **10 1/2**

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

FATHER 13. NAME **Jordon Goddard**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **James Smith**
(ADDRESS) **1134 Talmadge**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **1/8/38**

19. FUNERAL DIRECTOR **Edith C. Ambrose**
(ADDRESS) **4234 Manchester ave.**

20. FILED **JAN 8 1938** **J. T. Brebeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/6/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 6**, 19**37**, to **Jan 6**, 19**38**
 I last saw her alive on **Jan 3**, 19**38**. Death is said to have occurred on the date stated above, at **2 a**. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis
Arteriosclerosis
 Date of onset **1 Month**

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, 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 **W. Tutove Hall**, M. D.
 (Signed) **W. Tutove Hall** (Address) **1625 Tower Lane**

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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

L. E.

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

Signed Florenz Eynck Registered Apprentice No. _____
Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)