

FEB 12 1938

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

579
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **435**
(c) City **St. Louis** (d) Street No. **Christian Hospital** St.
(e) Length of residence in city or town where death occurred **75** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Caroline Smith 530
(a) Residence, No. **4032 E. Grand Blvd.** St. **10** (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 **Frank A. Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 9th, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
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) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **August Sergel**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

MOTHER 15. MAIDEN NAME **Louisa Fierabend**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Frank Smith 3000 Kossuth Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **1-14-38**

19. FUNERAL DIRECTOR (ADDRESS) **Provoost Und. Co. 3710 E. Grand Blvd.**

20. FILED **JAN 13 1938** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-12-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1, 1938** to **Jan. 12, 1938**

I last saw her alive on **Jan. 11, 1938**. Death is said to have occurred on the date stated above, at **6:45 a.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Fibrous)

Other contributory causes of importance:

Arterio Sclerosis

Chronic Interstitial

Nephritis

Name of operation Date of
What test confirmed diagnosis? **Clin-Lab** 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) **Arthur J. DeMay**, M. D.

(Address) **4046 N. Grand Blvd.**

9704

STATEMENT BY LICENSED EMBALMER

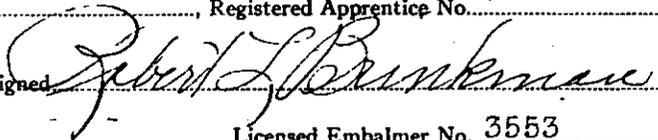
I, Robert L. Brinkman, Licensed Embalmer No. 3553

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

L. E. 3553

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. 3553

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.)