

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100. FARRIS
466 FEB 16 1938

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

4079
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis County Registration District No. 1170
 (b) Township Jefferson Richmond Heights Primary Registration District No. 6248-1
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital Registered No. 259
 (If death occurred in hospital or institution, write its name instead of street and number) St.
 (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 Amelia Smith
 (a) Residence, No. 5146 1/2 Ridge Ave St. (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 the Late. Wm. A. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>79</u>	<u>1</u>	<u>11</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Work
 9. Industry or business in which work was done, as law mill, bank, etc. St. Anne
 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) New Orleans, La.

FATHER
 13. NAME Wm. Kukreda 10
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
 15. MAIDEN NAME Caroline. Von. Birben
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Auther. J. Smith 5146 1/2 Ridge Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 11 1937

19. FUNERAL DIRECTOR (ADDRESS) Edw. P. Howard & Sons 4819 St. Louis Ave

20. FILED Dec 10 1937 Sam W. Bassett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1937, to Dec 9 1937. I last saw him alive on Dec 9 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
 1. Myocardial disease
 2. arterio sclerosis
 3. pulmonary edema
 Date of onset Nov 19, 1937

Other contributory causes of importance: ABC

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?
 If so, specify no
 (Signed) Thos. J. Farris, M. D.
 (Address) 4660 Maryland Ave

STATEMENT BY LICENSED EMBALMER

I, Edw. F. Howard, Licensed Embalmer No. 1443

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

L. E.

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

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)