

REC'D MAY 10 1938

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

12929

Do not use this space.

## 1. PLACE OF DEATH

- (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **4333a McRee Ave.** 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.

Registered No. **3533**2. PRINT FULL NAME **Lucy Virginia Smith 580**

- (a) Residence, No. **4333a McRee Ave.** 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) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John H. Smith**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 15, 1885**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**83 5 30**

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**  
 13. NAME **Unknown Travis**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER

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

17. INFORMANT **Leona DeFoe**  
 (ADDRESS) **Kansas City, Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Wellsville, Mo.** DATE **4/16/38**

19. FUNERAL DIRECTOR **Edith E. Ambruster**  
 (ADDRESS) **4234 Lancaster**

20. FILE **APR 15 1938** **J. B. Buddeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/14/38** 19**38**  
 22. I HEREBY CERTIFY, That I attended deceased from **4/13** 19**38** to **4/14** 19**38**  
 I last saw her alive on **4/14** 19**38** Death is said to have occurred on the date stated above, at **2:30 P.M.**

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

Date of onset

**Chronic Myocarditis**  
**Septicemia**  
**Arteriosclerosis**

Other contributory causes of importance:

Name of operation **none** 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? **no**  
 If so, specify \_\_\_\_\_  
 (Signed) **Preston C. Adell**, M. D.  
 (Address) **1625 J. P. ...**

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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N. B.—Every item of information should be carefully supplied. 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 me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Florenz Eynck.....

Licensed Embalmer No. 1284

**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.)**