

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

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.

28 1938 REC'D AUG 9 1938

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

26530  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township University City, Mo. Primary Registration District No. 115  
(c) City W. City (d) Street No. 7482 Gannon, Ave. Registered No. 1273  
(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. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mamie Smith

(a) Residence, No. 7482 Gannon, 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*) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26/1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 5 1

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) 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoblick Missouri

FATHER 13. NAME Jerry Hamlin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. France

MOTHER 15. MAIDEN NAME Sora Arnold  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoblick Missouri

17. INFORMANT (ADDRESS) Tom Smith 7482 Gannon, Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Mo. DATE July 29/ 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 429 N. Euclid, Ave.

20. FILED W. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27/ 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to July 27, 1938  
I last saw her alive on July 27, 1938. Death is said to have occurred on the date stated above, at 6:30 P.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1937  
93C  
Other contributory causes of importance: Chronic Coronary Disease 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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) P. S. Taylor M. D.  
(Address) 462 W. Taylor

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *Albert S. Hopper* .....

Licensed Embalmer No. *2971* .....

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**