

DECEASED NOV 16 1938

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

34400  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791  
(b) Township..... 1 Primary Registration District No. 1008  
(c) City... St Louis (d) Street No. 4233 Westbelle Registered No. 9386  
(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 <sup>5240</sup> Oliveette Smith

(a) Residence, No. 4233 Westbelle St. 11 (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dixie Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1882  
7. AGE YEARS 56 MONTHS 4 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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) Tenn.

FATHER 13. NAME Joseph Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Henretta Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Dixie Smith 4233 Westbelle

18. BURIAL, CREMATION, OR REMOVAL PLAC St Peters Cem DATE Oct 31 1938

19. FUNERAL DIRECTOR J.W. Hughes (ADDRESS) 2620 Lawton

20. FILED OCT 29 1938 J.F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27 1938  
22. I HEREBY CERTIFY, That I attended deceased from 9-28 AM, 1938, to 10/27/1938  
I last saw her alive on 10/27/1938. Death is said to have occurred on the date stated above, at 4:15 PM.  
The principal cause of death and related causes of importance were as follows:

Bilateral Carcinoma of Breasts  
Primary left breast  
Other contributory causes of importance: 3 mo.  
Date of onset

Name of operation Breast amputation of left breast  
What test confirmed diagnosis Laboratory

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? 1  
If so, specify... (Signed) J. W. Hughes, M. D.  
(Address) 2620 Lawton

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, J.W. Hughes, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lyda Hughes

Licensed Embalmer No. 2938

**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.)**