

1711 11 1938

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

41113  
Do not use this space.

1. PLACE OF DEATH

(a) County  
(b) Township  
(c) City ST. Louis, Mo.  
(e) Length of residence in city or town where death occurred

Registration District No. 791  
Primary Registration District No. 1003  
(d) Street No. BARNES HOSPITAL

Registered No. 10805

2. PRINT FULL NAME

530 Lucinda Smith

(a) Residence, No. 1119 No. 19th St. 21 ST. Louis  
(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 Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
38 8 9

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. none  
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) ark

FATHER  
13. NAME Major Beess

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

MOTHER  
15. MAIDEN NAME Mary Ann Beess

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

17. INFORMANT (ADDRESS) John Beess  
1247 No. Garrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Pe. DATE 12-20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George W. ...  
3028 ...

20. FILED DEC 25 1938  
J. D. ...  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-38, 19...

22. I HEREBY CERTIFY, That I attended deceased from 12-7-38, 19... to 12-15-38, 19...

I last saw her alive on 12-15-38, 19... Death is said to have occurred on the date stated above, at 7:35 p.m.

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

Cardiac Decompensation

Date of onset

Other contributory causes of importance:

Supra-vaginal Hysterectomy for Myometrium of Uterus, malignant

Name of operation Supra-vaginal Hysterectomy Date of 12-9-38

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) J. R. Bradley, M. D.  
(Address) BARNES HOSPITAL

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

*William C. McDowell*

or by .....

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

Signed

*William C. McDowell*

Licensed Embalmer No. ....

*2118*

P. O. Address

*3506 Franklin A*

**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.**