

DEPT MAR 13 1939

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

4961
Do not use this space.
Registered No. 1654

1. PLACE OF DEATH
(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City or St. Louis Missouri (d) Street No. Deaconess Hospital 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.

2. PRINT FULL NAME 530 Esther Smith
(a) Residence, No. St. Ste. Genevieve Missouri
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira C. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 10 9
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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Missouri
13. NAME FATHER Rudolph Geblasser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Missouri
15. MAIDEN NAME MOTHER Helena Herter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Missouri
17. INFORMANT I.C. Smith
(ADDRESS) 3934 Fillmore S.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ste. Genevieve Mo. DATE Feb. 22, 1939
19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.
20. FILED FEB 20 1939 J. B. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1939, to Feb 18, 1939
I last saw h. alive on Feb 18, 1939. Death is said to have occurred on the date stated above, at 1045 P
The principal cause of death and related causes of importance were as follows:
Liver Abscess
Subdiaphragmatic Abscess,
Caused by an abscess which had formed or extended upwards ago and drained into liver upon malignant
Other contributory causes of importance:
Chronic Appendicitis
Acute Appendicitis & perforation
Date of onset Jan 27th
Feb 27th
Feb 12, 1939
Name of operation Rel. Dissection for subdiaphragmatic abscess Date of 1st 9th 1939
What test confirmed diagnosis? Wray Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Henry J. Hym (T H Y M) M. D.
(Address) 508 N. Grand Blvd.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4700 Washington B.*

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.