REC'D APR 12 1939

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

8467
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 2232

(c) City St. Louis (d) Street No. Mo. Baptist H[illegible] 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 530 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mildred LaVerne Smith.

(a) Residence, No. 1523 Lulu Ave. St. NR St. Louis Co. Mo.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1925.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
13	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as saw mill, bank, etc. Normandy High.
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) St. Louis, Missouri.

FATHER

13. NAME Raymond R. Smith.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huggins, Missouri.

MOTHER

15. MAIDEN NAME Viola Denton.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Astoria, Missouri.

17. INFORMANT Mr. Raymond R. Smith.
(ADDRESS) 1523 Lulu Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem. DATE March 8, 1939.

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED MAR 8 1939 J. F. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939, to March 5, 1939

I last saw h[illegible] alive on March 4, 1939. Death is said to have occurred on the date stated above, at 7 35 a.m.

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

	Date of onset
Coma P[illegible]	
Other contributory causes of importance:	
Acute Endocarditis	

Name of operation ..... 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) D. A. Thomson, M. D.

(Address) 3121 N. Grand Bl

Licensed Embalmer's Statement on Reverse Side)

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, 3454 David C. Gibson, or by .....

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

Signed David C. Gibson

Licensed Embalmer No. 3454

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.