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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4849

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1679

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State No (b) County

(c) City or town St Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4318 Olive St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ~~Tennie~~ Smith, Orinday Tennie

3. (b) If veteran, name war No

3. (c) Social Security No. ND

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Romanzo Smith

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 14, 1856 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation H.W.K.

11. Industry or business

FATHER 12. Name unknown Price

13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER 14. Maiden name unknown

15. Birthplace (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Myron H. Smith

(b) Address 4318 Olive St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So Kingshighway

19. (a) FEB 19 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18, year 1940 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from February 4, 1940, to February 18, 1940; that I last saw her alive on February 18, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Myocarditis

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leon M. Pike (M. D. or other)

Address 1515 Lafayette, Date signed 2/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 Reinhold K. Lehrmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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