S. No. 2
—11-10-39
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FILED APR 1 - 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9159

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2642

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1401 N 8th Rear
(If rural, give location)

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

3. (a) PRINT FULL NAME Julia Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Jim Smith

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 7 (Month) 10 (Day) 1886 (Year)

8. AGE: Years 53 | Months 8 | Days 7 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Shim Mitchell
13. Birthplace Denmark (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Narcisus ?
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Lucille Hulett
(b) Address 2604 Geasgow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington Avenue

19. (a) MAR 21 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour 8:10 minute P M.

21. I hereby certify that I attended the deceased from February 18, 1940, to March 17, 1940; that I last saw her alive on March 17, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Bronchopneumonia	

107a

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 H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 3/19/40

(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 Arthur R. Heilland

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

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.