

12-1940 FILED APR 8 1940

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12305**

Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **504**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 hrs. 50 min**
(Specify whether
In this community **8 years**
years, months or days) **8 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **9837 Perrin**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME **Annie Smidt**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **female** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 15 ?**
(Month) (Day) (Year)

8. AGE: Years **80 ?** Months **8** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **nil.**

11. Industry or business _____

MOTHER { 12. Name **Unknown**

FATHER { 13. Birthplace **Unk.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Andrew Morgan**

(b) Address **3119 Delmar Bl**

17. (a) **Burial** (b) Date thereof **3/13/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **McBowell Und. Co**

(b) Address **3506 Franklin Ave**

19. (a) **MAR 12 1940** (Date received local registrar) (b) **DR. MEYER** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1940** hour **1** minute **:45 A.M.**

21. I hereby certify that I attended the deceased from **3-8-40**
_____ 19____, to **3-9-40** _____ 19____;

that I last saw her alive on **3-9-40** _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **48 hrs.**

Due to **Hypertensive heart disease** years? _____

Due to **95/2**

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **P. J. Rossow** (M. D. or other) **1**

Address **St. Louis 8. Mo.** Date signed **3/12/40**

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

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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 _____

William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.