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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12350

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 528

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 309 Midway 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) 5 a

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood 8 (If outside city or town limits, write "RURAL")

(d) Street No. 309 Midway (If rural, give location)

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

3. (a) PRINT FULL NAME Luella Jane Smith

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) ~~Single, widowed, married,~~ divorced Widowed

6. (b) Name of husband or wife Wm Smith 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. 19 (Month) 1861 (Day) (Year)

8. AGE: Years 79 Months 0 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name H Guyer
13. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Luella Gorus
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant H A Crane
(b) Address 309 Midway

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

18. (a) Signature of funeral director Louis H Bopp
(b) Address 131 W. Argonne Dr Kirkwood, Mo

19. (a) MAR 15 1940 (Date received local registrar) (b) R R Meyer M D Dr PH (Registrar's signature)

B.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1940 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1937 ....., 19....., to 3/14, 1940; that I last saw her alive on 3/14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Hypertension	3 yrs
Due to 8201	
Other conditions arteriosclerosis (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? 707 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature C. H. Leslie (M. D. ~~or other~~) 1
Address Kirkwood, Mo. Date signed 3/15/40

(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

Louis H Bopp, Registered Apprentice No.

working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood

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

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