

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

15918

Do not use this space.

1. PLACE OF DEATH *St. Charles*

(a) County *St. Charles* Registration District No. *757*

(b) Township *St. Charles* Primary Registration District No. *30.36* Registered No. *69*

(c) City *St. Charles* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *ELLA M. SMITH*

(a) Residence, No. *at home* D St. (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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James D. Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 19 - 1864*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>75</i>	<i>10</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housework*

9. Industry or business in which work was done, as saw mill, bank, etc. _____

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) *Illinois*

FATHER

13. NAME *Dickerson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

MOTHER

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT *Arthur P. Smith*
(ADDRESS) *St. Louis, Mo.*

18. BURIAL, CREMATION, OR REMOVAL:
PLACE *Mt. Zion Cemetery* DATE *April 24 1940*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Geo. W. Clark*
1125 W. Adams St. St. Louis, Mo.

20. FILED *4/75* 1940 *Clarence H. Hershey*
Local Registrar

CORONERS MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April - 21 - 1940*

22. I HEREBY CERTIFY, That I attended deceased from *Held Inquest April - 21 - 1940*, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *3: A* m.

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

Date of onset _____

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

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 factory, in home, or in public place. _____

Manner of injury *Natural*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *John H. Bue* Coroner
(Address) *St. Charles Co. Mo.*

(Licensed Embalmer's Statement on Reverse Side) *signed - April 21 - 1940*

K. 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, or by.....

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

Signed.....

Jos. W. Clark

Licensed Embalmer No. *1661*

P. O. Address *1125 Hodiannon*

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.

St. Louis, Mo.