No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20585

Registration District No. 791 FILED JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5533

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:
5850 Highland Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5850 Highland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME RAECHEL A. SMITH. 530

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. Henry A. Smith.

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased January 20, 1861.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	5	7	hr. min.

9. Birthplace New Britten, (City, town, or county) Indiana. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Jessie Ballinger.
13. Birthplace ? (City, town, or county) Indiana. (State or foreign country)

MOTHER
14. Maiden name Jennie Winn.
15. Birthplace ? (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant Miss Grace A. Smith.
(b) Address 5850 Highland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JUN 28 1940 (Date received local registrar) (b) J. F. Budesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1940 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from June 1, 1940, to June 27, 1940
that I last saw her alive on June 27, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 hr
Due to arteriosclerosis	4 yrs
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 H. H. Helbing (M. D. or other)
Address 4963 Fountain Date signed 4/27/40

(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 Leonard W. Reagan, Registered Apprentice No. _____ working under ~~my~~ personal supervision.

Signed Leonard W. Reagan

Licensed Embalmer No. 2678

P. O. Address St. Louis Mo.

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.