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C23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30324**
Registrar's No. **7601**

Registration District No. **791** Primary Registration District No. **1003**

REC'D OCT 25 1940

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: City Sanitarium /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs. 1 mo. 25 days
(Specify whether years, months or days)

In this community About 40 yrs.

3. (a) PRINT FULL NAME Minnie Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William H. Smith

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased: April 24 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>16</u>	hr. min.

9. Birthplace Donaldson Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 1

MOTHER FATHER {

12. Name Lindley Ranison

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Beyhon

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant L. Reggendorf

(b) Address 5400 Pershing St.

17. (a) Removal (b) Date thereof 10-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pocahontas Ill.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) SEP 10 1940 (b) J. B. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

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

(d) Street No. 4718 Newberry Terrace
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9,
year 1940 hour 5:45 minute a. m. M.

21. I hereby certify that I attended the deceased from 7-1-38, 19____, to Sept. 9, 1940
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis with Myocardial Degeneration 1938x

Due to Senility 1938x

Due to _____

Other conditions 93c
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Yes

Duration

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 A. K. Burch, M.D. (M. D. or other) _____
Address City San Date signed _____

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

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.....

Warren A. Caswell

Licensed Embalmer No.....

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, fact should be so stated above.