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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26733

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6525

FILED SEP 17 1941

CODE 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: MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME EMMA 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 HENRY SMITH
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased APRIL 8 1895 (Month) (Day) (Year)

8. AGE: Years 46 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace EDWARDSVILLE ILL. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
FATHER
12. Name JOHN FELDMAN
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY UNK.
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant Henry Smith
(b) Address 3850 McRee Av.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SS P & P. CEM.
18. (a) Signature of funeral director E. J. Lehmer
(b) Address 3125 Lafayette Av.
19. (a) AUG 10 1941 (Date received local registrar) (b) J. T. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 79
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3850 McREE AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 8 year 1941 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 3 1941 to Aug 8 1941 that I last saw her alive on Aug 7 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis (following chronic)	15 days
Uremic coma	3 days
Due to	
Due to	
Other conditions Acute Myocarditis (Coronary type) (Include pregnancy within 3 months of death)	5 days

Major findings:
Of operations none
Of autopsy none

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 W. Salisbury (M. D.)
Address 3568 Lafayette Date signed 8-8-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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, fact should be so stated above.