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S. No. 2
M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9239

Registration District No. 1291

Primary Registration District No. 1003

Registrar's No. 2941

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2Mos. 15Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 24 100 17 9

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

(d) Street No. 2224 Keokuk Str
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Lena 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 Maried!

6. (b) Name of husband or wife Charles Smith

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March (Month) 12 (Day) Th 1860 (Year)

8. AGE: Years 82 ------ Months 0-- Days 19 - If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Not Knowen
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Knowen
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Charles Smith
(b) Address 2224 Keokuk 1942

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3d (Month) (Day) (Year)
(c) Place: burial or cremation St Mathues

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th

19. (a) APR 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, year 1942 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from January 16, 1942, to March 31, 1942, that I last saw her alive on March 31, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis	
Auricular fibrillation	
Due to Hypertension	
Gen arteriosclerosis	
Due to Chr. pyelonephritis	2mo+
Other conditions Bilat Charcot knee joints	
(Include pregnancy within 3 months of death) Non-calculous	

Major findings:
Of operations
Of autopsy Same

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 0

23. Signature R. A. Nachtvey (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 4/1/42

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kenmay [illegible]

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.