V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20021
5983

Registration District No. FILED JUL 20 1942 791 Primary Registration District No. 1003 Registrar's No.

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: 3651a Winnebago Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 35 Years 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. 3651a Winnebago Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

006
1617
7
0

3. (a) PRINT FULL NAME Cora W. Smith
3. (b) If veteran, name war -
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 George W. Smith
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May (Month) 21 (Day) 1882 (Year)

8. AGE: Years 60 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name William Johnson
13. Birthplace Columbia (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant George Smith
(b) Address 3651a Winnebago Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Hadley-Helderle Und & Fir Co.
(b) Address 3634 Gravois Ave.
19. (a) JUL 15 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 th. year 1942 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 3rd 1941, to July 13th 1942 that I last saw her alive on July 13 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Edema of lungs	6 hrs
Due to Metastatic Cancer	1 1/2 yrs
Due to Cancer of Colon	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Cancer of Colon	
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 C G W Jungk (M. D. or other)
Address 2278 S Jefferson Date signed 7-14-42

(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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo.

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.