V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

791 STANDARD CERTIFICATE OF DEATH

State File No. 20023

FILED JUL 20 1942

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5880

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

1. PLACE OF DEATH St Louis.
(a) County
(b) City or town 4468.a.Finney Ave,StLouis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution over 25 yrs, (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 006
(a) State Missouri. (b) County
(c) City or town StLouis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4468.A.Finney Ave,StLouis,
(If rural, give location)
(e) Citizen of foreign country? Born. U.S.OF A. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emilee Smith.
3. (b) If veteran, name war xx
3. (c) Social Security No. ?
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 1st, 1863. (Month) (Day) (Year)
8. AGE: Years 79 Months 6 Days 8 If less than one day hr. min.
9. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Domestic,Dities.
11. Industry or business John McKenzie.
MOTHER FATHER
12. Name Missouri.
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Queenan King,
15. Birthplace Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant Duncan Smith
(b) Address 1102. Hadley, St,StLouis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director 7/13/42.
(b) Address 2812 Thomas,StLouis,MO.
19. (a) JUL 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th, year 1942. hour 2: P.M. minute M.
21. I hereby certify that I attended the deceased from July 7, 1942 to July 9, 1942 that I last saw h. alive on July 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration
Due to Chronic Bronchial Asthma
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 Russell H. White (M. D. or other) M.D.
Address 2424 N. Sarah St. Date signed 7/10/42

(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 .....

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

working under my personal supervision.

Signed B. C. Houston Jr.

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas St.

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.