

FILED JAN 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39349

Registration District No. 218

Primary Registration District No. 1005

Registrar's No. 11075

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 6 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Kathryne Smith

3. (b) If veteran, name war... None
3. (c) Social Security No... None

4. Sex Female / 5. Color or race... White
6. (a) Single, widowed, married, divorced... Widow 2
6. (b) Name of husband or wife... James D. Smith
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... Feb. 12 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 19 hr. min.

9. Birthplace High Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Fred Wetz
13. Birthplace... Germany
(City, town, or county) (State or foreign country)
14. Maiden name... Unknown
15. Birthplace... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. S. Elliot
(b) Address... 2810a Dayton St.

17. (a) Burial (b) Date thereof... 1 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Calvary Wagoner Und. Co.

18. (a) Signature of funeral director... 3621 Olive St.

(b) Address... Dec 31 1942 J. F. Brulek
19. (a) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 000
(c) City or town... St. Louis (If outside city or town limits, write "RURAL")
(d) Street No... 2810a Dayton St. (If rural, give location)
(e) Citizen of foreign country?... No (Yes or No)
If yes, name country... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31, year 1942 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from December 26, 1942 to December 31, 1942; that I last saw her alive on December 31, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death... MYOCARDIAL INSUFFICIENCY

Due to... ARTERIOSELEROSIS

Due to... 93

Other conditions... ORGANIC PSYCHOSIS
(Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy... Refused

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 a worker?..... (Specify type of place) Means of injury... 0

23. Signature... Dr. J. F. Brulek (M. D. or other)
Address... 1515 Lafayette Avenue, D-1/2/43

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 *Melvin J. Kemper*

Licensed Embalmer No. *405257*

P. O. Address *4005 Lexington*

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.