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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8802

State File No. 2764

Registration District No. 318

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

(c) Name of hospital or institution: City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 12 96

(a) State Missouri (b) County

(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 Page
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jennie 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 Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 17, (Day) 1872 (Year)

8. AGE: Years 70 Months 10 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name James Bedford
13. Birthplace (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Jane Cunningham
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Wm. J. Bedford
(b) Address 5939 Plymouth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from March 13, 1943, to March 20, 1943 that I last saw her alive on March 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Thrombosis

Due to Sudden exertion on an antenna [illegible] + cort

Due to [illegible]

Other conditions Cellulite 7 L. leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Harry J. Berland (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 3/22/43

444

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.