V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23509

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6546

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

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town ~~5021 Clexton Ave~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5021 Clexton (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:

(a) State Mo (b) County ~~17~~ 000 7

(c) City or town StLouis ~~Mo~~ (If outside city or town limits, write "RURAL")

(d) Street No. 5021 Clexton Ave (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Flora Fargo Smith

3. (b) If veteran, name war NONE.

3. (c) Social Security No. NONE.

4. Sex Female

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased ~~oct 20~~ (Month) — (Day) — (Year)

8. AGE: Years ~~about~~ abt 86 Months — Days — If less than one day ..... hr. ..... min.

9. Birthplace Manlius New York (City, town, or county) 1 (State or foreign country)

10. Usual occupation Stenographer, Retired

11. Industry or business University Minnesota

FATHER
12. Name Daniel Fargo
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Swan
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Birdie Hirsh

(b) Address 5021 Clexton Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director Benoist Niehaus

(b) Address 1431 Morgan

19. (a) JUL 20 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 1941 to July 18 1943 that I last saw her alive on July 17 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death mitral decompensation	5 da
Due to Cerebral Accident	3 mo
Due to Cerebral accident Infirmities of age.	14 mo
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? ..... Means of injury 0

23. Signature Francis Conway (M. D. ~~[illegible]~~)

Address 5021 Union Bl Date signed 7/20/43

(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 Frank H. Neeham

Licensed Embalmer No. 2915

P. O. Address.....

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.