. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8260

State File No.

FILED MAR 23 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2338

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4249a Red Bud
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 060

(a) State Mo. (b) County 17

(c) City or town St Louis 610
(If outside city or town limits, write "RURAL")

(d) Street No. 4249a Red Bud
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LINA-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 Widowed

6. (b) Name of husband or wife Joseph H Smith

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

7. Birth date of deceased Sept (Month) 15 (Day) 1867 (Year)

8. AGE: Years 77 Months 5 Days 26 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Hy Rehberger
13. Birthplace (City, town, or county) Ger (State or foreign country)

MOTHER
14. Maiden name Eva Anna Link
15. Birthplace (City, town, or county) Ger (State or foreign country)

16. (a) Informant Miss Emma Rehberger
(b) Address 4249a Red Bud

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan Mo

18. (a) Signature of funeral director Provost Und Co
(b) Address 2710 N Grand Blv

19. (a) MAR 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1945 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Mar 1, 1945, to Mar 10, 1945 that I last saw her alive on Mar 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
chronic myocarditis	1 yr
Due to arteriosclerosis	1 yr
Due to chronic nephritis	14 mo
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations no operation
Of autopsy no 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 Dr Wm T Hirschi (M. D. or other) M D
Address 3500 N Grand Date signed 3/12/45

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1953

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 C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Third

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.