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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34713

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2468

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 9969a South Broadway (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 Missouri (b) County St. Louis 96

(c) City or town Lemay 0 (If outside city or town limits, write "RURAL")

(d) Street No. 9969a South Broadway 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Annie F. 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 Married

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

(c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 12th, (Day) 1883 (Year)

8. AGE: Years 62 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Melvin T. Smith

(b) Address 9969a S. Broadway

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) 10-27-45 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd year 1945 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 22, 1945, to Oct 23, 1945 that I last saw her alive on Oct 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Acute Myocarditis with

Due to acute Dilatation 2 days

Due to Ch. Interstitial Nephritis yrs

1316

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 A. A. Mulach (M. D. or other)

Address 7405 Mich Av Date signed 10/24/45

(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 Robert C. Wheeler

Licensed Embalmer No. 2129

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.