No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15845

Registration District No. 517 Primary Registration District No. 3863 Registrar's No. 891

**1. PLACE OF DEATH:**
(a) County ST. LOUIS COUNTY
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 20 YEARS

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County ST. LOUIS CO.
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")
(d) Street No. 6226 CRESTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ADDIE SMITH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GEORGE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV (Month) 1 (Day) 1867 (Year)
8. AGE: Years 79 Months 5 Days 16 If less than one day hr. min.
9. Birthplace CHICAGO (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name JOHN M. LOEFFER
13. Birthplace Unknown (City, town, or county) GERMANY (State or foreign country)
MOTHER 14. Maiden name ELIZABETH MIEHLHAUSER
15. Birthplace Unknown (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant ADDIE MER[illegible]
(b) Address 6226 CRESTON
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 4-18-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 17 year 1947 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from APRIL 11, 1947, to APRIL 17, 1947 that I last saw him alive on APRIL 17, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral vascular accident | 5 weeks |
| Due to Hypertensive cardio-vascular disease | |
| Due to 93 | |
| 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 0
23. Signature John Loeffer M.D. (M. D. ~~another~~)
Address 621 Brentwood Blvd. Date signed 4/18/47

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1947

## 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 Henry M. F. Brammer

Licensed Embalmer No. 4200

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.**