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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3100

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(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 020

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5526 Greer Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amy Janie Smith

3. (b) If veteran, name war No

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 Alvis B. Smith

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 14 (Day) 1884 (Year)

8. AGE: Years 63 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Murray (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gill Hart
13. Birthplace Murray (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Nancy Miller
15. Birthplace Murray (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Dorothy Craig
(b) Address 5526 Greer Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Murray, Ky.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 5 1948 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1948 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 1 1947 to Jan 2 1948
that I last saw her alive on Jan 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis with ascites

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 R. Hyland (M. D. or other)

Address 3903 Park Date signed 1-3-47

Jefferson City Printing Co.

(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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis.

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.