MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32561

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1053

City St. Louis (No. 1706 Carr St. ..... Ward)

File No. 9669

Registered No. .....

2. FULL NAME Minnie Smit

(a) Residence. No. ..... St., 25 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris H. Smit

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	68			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

14. INFORMANT Morris H. Smit
(Address) 1706 Carr St.

15. FILED SEP 30 1929, 19 Mary C. Starkcoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Sept 29, 1929 that I last saw her alive on Sept 29, 1929, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo-endocarditis Chronic

108

936 (duration) 2 yrs. 9 mos. 27 ds.

CONTRIBUTORY (SECONDARY) Pneumonia at lower

lobe (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED ✓

IF NOT AT PLACE OF DEATH ✓

9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF .....

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) F. R. Frangon, M. D.

, 19 (Address) 3701 Westminster

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
B'Nai Amoona Cemetery	Oct. 1 1929

20. UNDERTAKER	ADDRESS
H. Rindskopf	5216 Delmar

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.