

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27062
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis Mo
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. **791**
Primary Registration District No. **1003**
Registered No. **7076**
(d) Street No. Firmen Desloge Hospital St. 530
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ellen Smith Tobitha Ellen Smith
(a) Residence, No. 4739a Newcomb St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. SMITH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saw mill
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME J. Hardgraves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Missouri Vest

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT L. G. Kirgen
(ADDRESS) 4739 Newcomb Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Naylor Mo DATE 8-10 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rowland Mortuary Inc
435 5th Washington

20. FILED AUG 10 1938 J. P. Bledsoe
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-7 1938, to 8-9 1938.
I last saw her alive on 8-9 1938. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Heart Disease
Coronary Disease
Myocardial infarction

Date of onset
7
3
2

Other contributory causes of importance: bronchial
hypostatic pneumonia
pulmonary embolism
hypertension

8-7-38
8-9-38

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) R. W. Weather, M. D.
(Address) 3725 Washington

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.

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: *Howard T. Rawland*

Licensed Embalmer No. *3114*

P. O. Address *01 Lewis 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, above space should be left blank.