

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

731
Do not use this space.

RECORDED 10 1939

1. PLACE OF DEATH
 (a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 or
 (c) City St. Louis (d) Street No. Homer Phillips Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Effie Smith
 (a) Residence, No. 2213 R Franklin St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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
 Occupation

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

FATHER

13. NAME Pleas McCoy

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

MOTHER

15. MAIDEN NAME Nellie ?

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

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washing Park DATE Jan 24 1939

19. FUNERAL DIRECTOR (NAME) Lucinda Thomas
 (ADDRESS) 2737 Shyanan ave

20. FILED JAN 24 1939 J. B. Bredok
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 19 39

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 19 38, to Jan. 18, 19 39

I last saw her alive on Jan. 18, 19 39. Death is said to have occurred on the date stated above, at 9:23a a.m.

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

Lobar pneumonia
Liver abscess

autopsy revealed a Staphylococcus infection which caused liver abscess

Other contributory causes of importance:

108

Date of onset
12/11/38

Name of operation Date of
 What test confirmed diagnosis: clinical Was there an autopsy? Yes
and autopsy 1/18/39

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) J. B. Bredok, M. D.
 (Address) 2601 N Whittier

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 J. Rowland.*

Licensed Embalmer No. *3114*

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, above space should be left blank.