

DEC'D MAR 23 1939

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

7640

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Charles Mo. Registration District No. 257  
(b) Township St. Charles Primary Registration District No. 3036  
(c) City St. Charles (d) Street No. St. Joseph 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

530 Catherine Ann Smith  
(a) Residence, No. St. Charles Mo St.  (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17<sup>th</sup> 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Boone County Ohio

FATHER 13. NAME Lehrin Swischer

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John Gilbert 1215 N 3<sup>rd</sup> St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery St Charles Mo DATE Feb 20<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Hallman St Charles Mo

20. FILED 2/19 1939 Blairwood H. Nessler Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1938, to February 17, 1939.

I last saw her alive on February 17, 1939. Death is said to have occurred on the date stated above, at 6:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial disease with generalized atherosclerosis  
Date of onset 1/10/39  
46  
17

Other contributory causes of importance: intertrochanteric fracture of right hip (femur) 10/1/38

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury Oct 7, 1938  
Where did injury occur? St Charles, Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury fall  
Nature of injury fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) George E. Kister, M. D.

(Address) St Charles, Mo

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**