

R 4 1939 REC'D MAR 9 1939

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

7782
Do not use this space.

1. PLACE OF DEATH

(a) County..... St. Louis. 2 Registration District No. 784
(b) Township..... Primary Registration District No. 109
(c) City..... Maplewood Mo. (d) Street No. 7408 Lohmeyer 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.

Registered No. 396

2. PRINT FULL NAME Isabella Smith.

(a) Residence, No. 7408 Lohmeyer 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward L. Smith.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 8th 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid 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) Neb.

FATHER 13. NAME Andrew Fellers

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 Fern Taylor
(ADDRESS) 7408 Lohmeyer, Maplewood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Mar. 6th, 1939

19. FUNERAL DIRECTOR (NAME) Jay. B. Smith
(ADDRESS) 7456 Manchester, Maplewood, Mo.

20. FILED MAR 4 1939 G.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sat. Mar. 4th. 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5A.M. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Other contributory causes of importance:
Chronic Interstitial Nephritis

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis History Was there an autopsy? _____

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) John C. Connelley M. D.
(Address) Lawrence S. ...

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 *W. E. Burgess*

Licensed Embalmer No. *4029*

P. O. Address.....

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.