

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.

DEC'D JUN 8 1939

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

19756
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Normandy Primary Registration District No. 2nd

(c) City Normandy (d) Street No. #7626 Natural Bridge Registered No. 968

(e) Length of residence in city or town where death occurred yrs. mos. ds. In residence at birth

2. PRINT FULL NAME Jessie Smith

(a) Residence, No. #7626 Natural Bridge (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-27-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71. 9. 0.

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

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Omaha

13. NAME Cummings Smith

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

15. MAIDEN NAME Helen Ives

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

17. INFORMANT (ADDRESS) Mrs Chas. B. Lynn #7141 Lindell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE May 29-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Lupton + Son #7203 Belmont Blvd

20. FILED MAY 29 1939 J. R. Meyer (Address) 3718 Jennings, St. L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/39

22. I HEREBY CERTIFY, That I attended deceased from 8/1/38, 19 to 5/27/39, 19 .

I last saw her alive on 5/26/39, 19 . 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:

Cardio-Vascular-Renal disease Date of onset ?

Parkinson's disease with ataxia. ?

Other contributory causes of importance: Cerebral apoplexy involving right third convolution with complete left side hemiplegia, continued on reverse side. 1 mo.

Name of operation _____ Date of _____

What test confirmed diagnosis? History. Was there an autopsy? No

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? No.

If so, specify _____

(Signed) Dr. Luke B. Turner, M.D.

(Address) 3718 Jennings, St. L.

Accepted Embalmer's Statement on Reverse Side) 5/27/39

Duration.

Uremia- Uremic coma.
Senile type.

2 weeks.

Died in the Immaculate Heart Home-7626 Nat'l Bridge
road for the aged.

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,

Bradford A. Miles, or by

Registered Apprentice No., working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. *2901*

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.