DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33856

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 8394

1. PLACE OF DEATH: 2

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MO. (b) County

(c) City or town ST. LOUIS 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6041 WATERMAN AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELLEN SMITH 5 0

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife WILLIAM H.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC. 28, 1865
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 2 If less than one day hr. min.

9. Birthplace PENNSYLVANIA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name PETER MARTIN

13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name MARY DARBY

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Smith

(b) Address 6041 WATERMAN AVE.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-1-39 (Month) (Day) (Year)

(c) Place: burial or cremation Monett mo.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 LINDELL BLVD.

19. (a) Oct. 1, 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30th year 1939 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10/4/36, 19..., to 9/30, 1939; that I last saw h er alive on 9/30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Atero-sclerosis, general Cerebral & Cardiac — Duration 3 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur E. Strauss (M. D. ~~or other~~)

Address 539 N. Grand Date signed 9/30/39.

(Licensed Embalmer's Statement on Reverse Side)

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.

Humboldt Bldg
130-33

Je 6525
Ca 1155
Jf 6080

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

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