FILED APR 8 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12313

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 583

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 10 years years, months or days) 5 70

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town ~~St Louis~~ Affton (If outside city or town limits write "RURAL")

(d) Street No. 6432 Colver (If rural, give location)

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

3. (a) PRINT FULL NAME Myrtle Alice Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Frederick Smith

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

7. Birth date of deceased Aug (Month) 26 (Day) 1882 (Year)

8. AGE: Years 57 Months 6 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Cook

11. Industry or business Private Homes

FATHER
12. Name John Carlyon
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Savilla Pinell
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Harold Smith

(b) Address 6432 Colver Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 26 (Day) 1940 (Year)

(c) Place: burial or cremation Our Redeemer

18. (a) Signature of funeral director Witt Bros. L & Ale

(b) Address 2929 S. Jefferson Av.

19. (a) MAR 23 1940 (Date received local registrar) (b) A. R. Merz M.D. Dept. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23 year 1940 hour 2 45 a.m. minute ..... M.

21. I hereby certify that I attended the deceased from 2/22/40 ....., 19.... to 2/23/40, 1940 that I last saw her alive on 2 40 A.M. 3/23/40, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Possible Carcinoma of

Due to Head of Pancreas

Due to Pt. found to have Cholelithiasis at operation

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Of operations Two Previous Operations (1) cholecystectomy 12 yr (2) cholecystectomy

~~Of autopsy~~

Duration ?

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? 707 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Robert Mangum (M. D. or other) 1

Address Co Hosp Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson 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.