

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

16003

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 728

1. PLACE OF DEATH:

(a) County St. Louis
Clayton
 (b) City or town
 (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 3 days
 (Specify whether
 In this community 10 years
 years, months or days)

8. (a) PRINT FULL NAME Dora Smith 530

8. (b) If veteran, name war ? 8. (c) Social Security No. ?

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Charles Smith 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased March 2 1864
 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 11 If less than one day
 hr. min.

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

10. Usual occupation nil.

MOTHER FATHER { 11. Industry or business _____

12. Name Steve Brown

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

14. Maiden name Mary Zimmerman

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

16. (a) Informant Joseph Constant

(b) Address St. Louis County

17. (a) Burial (b) Date thereof 4-15-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwell Mo.

18. (a) Signature of funeral director Charles H. Heddle

(b) Address 8331 Ash Grove

19. (a) APR 13 1940 (b) Dr. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Valley Park
 (If outside city or town limits, write "RURAL")
 (d) Street No. 730 Marshall
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
 year 1940 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from 4-10-40
 _____, 19____, to 4-13-40, 19____;

that I last saw her alive on 4-13-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to arteriosclerosis

Due to senility

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

Major findings: Of operations 9-3rd

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Passanese (M. D. or other) _____

Address St. Louis Co. Hospital Date signed _____

Duration? _____
 ?
 2 mos
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

96
 2
 2

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 comply with the above constitutes grounds for revocation of license.)

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