DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30169

Registration District No. 7910 Primary Registration District No. 1003 Registrar's No. 7446

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days 1
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3844a Evans Ave. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Justin

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

7. Birth date of deceased Oct. (Month) 10 (Day) 1899 (Year)

8. AGE: Years 40 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Chico (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Housewife 1

11. Industry or business 0

FATHER
12. Name John Evans
13. Birthplace (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Arabella Suttle
15. Birthplace Monett (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Oneita Hinkle
(b) Address Weldon & Carson Rds.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-40 (Month) (Day) (Year)
(c) Place: burial or cremation Leasburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) SEP 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3, year 1940 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from August 16, 1940, to September 3, 1940 that I last saw her alive on September 3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Essential hypertension	
Due to Malignant hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 John J. Meany (M. D. or other)
Address 1515 Lafayette Ave., Date signed 9/3/40

(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 Helford Burnley, Registered Apprentice No. 1 working under my personal supervision.

Signed Neil E. Hoppe

Licensed Embalmer No. 2971

P. O. Address

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

If this body is not embalmed, fact should be so stated above.