

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34191
Registrar's No. 8888

Registration District No. 791 Primary Registration District No. 1003

PLACE OF DEATH:
(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:
612 W. Marceau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 39 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")
(d) Street No. 612 W. Marceau
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Amelia Smith
(b) If veteran, name war -- (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 26
year 1940 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from 9/6, 1940, to 10/25, 1940;
that I last saw her alive on 10/25/40, 1940;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George Smith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 25 1863
(Month) (Day) (Year)

Immediate cause of death: Cerebral Apoplexy Duration 3 days
Due to Hypertension ?
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations [Signature] PHYSICIAN _____
Of autopsy _____ Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
77 4 1 hr. min.

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

10. Usual occupation house work

11. Industry or business at home

12. Name Charles Meister

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

14. Maiden name unknown

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

16. (a) Informant's own signature Anna Davis
(b) Address St. Louis, Mo.

17. (a) burial (b) Date thereof Oct. 29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) OCT 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Dwight Benjamin (M. D. or other) [Signature]
Address 7408 1/2 Michigan Date signed 10/26/40

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.

Handwritten: MAY 16 1940

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 *Oliver E. Fendler*

Licensed Embalmer No. *4148*

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.