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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39689

Registration District No. 784 Primary Registration District No. 107 Registrar's No. 2185

RED DEC 7 1940

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 Co. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No. 1162 N. Geyer (If rural, give location)

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

3. (a) PRINT FULL NAME Anna Cavender

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unk.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Charles Cavender

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

7. Birth date of deceased April (Month) 28 (Day) 1872 (Year)

8. AGE: Years 68 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name Willis Smith
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Anna Rochardson
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Cavender
(b) Address 1162 N Geyer Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 20 (Day) 1940 (Year)
(c) Place: burial or cremation Brythedale Mo.

18. (a) Signature of funeral director Louis H Bopp Sr
(b) Address Kirkwood Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1940 hour 3 minute 15P. M.

21. I hereby certify that I attended the deceased from 11-15-40, 19..., to 11-18-40, 19...; that I last saw her alive on 11-18-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease with Myocardial Insufficiency	2 yrs.
Due to	
Due to 95 hr	
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 Lee Hall (M. D. or other)

Address C. Hopp 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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 922

P. O. Address Kirkwood

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

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