No. 2
-1-4-41
5-17-39
I X26390

Dr Wm A. Stephens 72 Clayton Rd Fa 6082

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12048

MAR 9 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 620

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6415 Perry Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6415 Perry Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ida B. Smith

3. (b) If veteran, name war none

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 Daniel Morgan Smith

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

7. Birth date of deceased Dec (Month) 11 (Day) 1861 (Year)

8. AGE: Years 79 Months 3 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name ? — Bradford
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Unknown —
15. Birthplace Unknown — (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leila Berry
(b) Address #7 Harcourt - Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Louis H Bopp, Inc
(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) MAR 21 1941 (Date received local registrar) (b) T R Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1941 hour 2;10 A.M minute ..... M.

21. I hereby certify that I attended the deceased from 2-15 1941, to 3-19- 1941; that I last saw her alive on 3-19- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease c̄ pleural oedema

Due to

Due to 92d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm A. Stephens (M. D. or other)
Address 1005 Big Bend Rd Date signed 3-20-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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.