

X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3680

State File No. 0

Registration District No. 78

Primary Registration District No. 20

Registrar's No. 273

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 102 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County - 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. V369 E ST. LOUIS AVE (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDITA SMITH

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased 2 - 1 - 1937
(Month) (Day) (Year)

8. AGE: Years 14 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business SCHOOL

12. Name HENRY SMITH

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

14. Maiden name WILLIE PATTERSON

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

16. (a) Informant PATIENT

(b) Address Removal

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-31-42
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Morgue-City Hosp.

18. (a) Signature of funeral director W. G. White

(b) Address City Hospital-St. Louis Mo.

19. (a) JAN 31 1942 (b) C. H. McLean
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22
year 1942 hour 1 minute 40 AM.

21. I hereby certify that I attended the deceased from OCT 10, 1941 to JAN 22, 1942
that I last saw him alive on JAN 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Preliminary Tuberculosis Duration 6 mos?
Due to _____

Due to _____
Other conditions 17/1
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Preliminary Tuberculosis
Subacute Tuberculosis

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? St. Louis Hosp.

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Samuel S. Kerner (M. D. brother) 0
Address Koch Hosp. Koch, Mo. Date signed 1/22/42

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

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, fact should be so stated above.