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M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942 791 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13083

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 3686

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18000 17 9 0

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

(d) Street No. 3315 Market St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Smith

3. (b) If veteran, name war No

3. (c) Social Security No. Nil

4. Sex Fem. 3

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Abt. 1882 (Month) (Day) (Year)

8. AGE: Years Abt 60 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name Henry Yokley 0

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

14. Maiden name Unknown 0

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

16. (a) Informant Mattie Cooper

(b) Address 3315 Market St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Ave.

19. (a) APR 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20, year 1942 hour 5 minute 28 A. M.

21. I hereby certify that I attended the deceased from April 14, 1942, to April 20, 1942, that I last saw her alive on April 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Glomerular Nephritis	Unknown
Due to	
Due to	
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 J. W. Johnson (M. D. or other) D

Address 2601 Whittier 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.....

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

working under my personal supervision.

Signed R. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Saclede Ave

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.