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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35935

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9696

1889

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

1. 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:
4386 W. Pine Blvd. /
(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: .006

(a) State Missouri (b) County 17

(c) City or town St. Louis 199
(If outside city or town limits, write "RURAL")

(d) Street No. 4386 W. Pine Blvd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country No Attending Physician 0

3. (a) PRINT FULL NAME Jessie L. Smith

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Frank Smith

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

7. Birth date of deceased Oct. (Month) 16th (Day) 1864 (Year)

8. AGE: Years 78 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Davenport Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Christy
13. Birthplace Unknown Iowa (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Julia Amsbaugh
15. Birthplace Unknown Iowa (City, town, or county) / (State or foreign country)

16. (a). Informant Helen Elizabeth Smith
(b) Address 4386 W. Pine Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Moline, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) NOV 21 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to 8 30	
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 Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 11-21/42

(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.....

Licensed Embalmer No. 1861

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.