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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23505

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6837

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: 1 ~~NONE~~ 4344 St Ferdinand (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 11 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 12

(c) City or town ST-LOUIS 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4344 ST-FERDINAND (If rural, give location)

(e) Citizen of foreign country? [redacted] (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA SMITH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race 3 NEGRO

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) 15 (Day) 1876 (Year)

8. AGE: Years 67 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name DANIEL PAYNE 1
13. Birthplace NASHVILLE (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant NANNIE JOHNSON

(b) Address 4344 ST-FERDINAND

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-29-1943 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CC

18. (a) Signature of funeral director Boyd BRO'S

(b) Address 3701 Finney

19. (a) JUL 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1943 hour 1 minute 4 M.

21. I hereby certify that I attended the deceased from Apr 16, 1943 to July 25, 1943 that I last saw her alive on July 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart Disease — Duration 1 y

Due to Rheumatic

Due to Chronic Nephritis

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? Means of injury 0

23. Signature Samuel P. Stafford (M. D. or other)

Address 925 N. Jefferson av Date signed 7/26/43

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2164

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.