

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40576

State File No. _____
Registrar's No. 11093

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(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 Cape Girardeau
(c) City or town Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HELEN NORENE SMITH
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 10
year 1943 hour 11 minute 26 A.M.
21. I hereby certify that I attended the deceased from Oct. 25
1943 to Dec. 10 1943
that I last saw her alive on Dec. 10 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Pyelonephritis Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased August 15, 1913
(Month) (Day) (Year)
8. AGE: Years Months 12 5
30 3 27
If less than one day _____ hr. _____ min.
9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Stenographer

Major findings:
Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name Lewis Smith
13. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sylvia Lett
15. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Lewis Smith
(b) Address Jackson, Missouri
17. (a) Burial (b) Date thereof 12/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Mo.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd
19. (a) DEC 14 1943 J. F. Medear
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature F. R. Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 12/10/43

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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 Gonoski

Licensed Embalmer No. 3348

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.