

FILED FEB 19 1945

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7332  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 936  
(b) Township \_\_\_\_\_ Primary Registration District No. 4494 Registered No. \_\_\_\_\_  
(c) City Windsor (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edith Myrtis Smith

(a) Residence, No. \_\_\_\_\_ (Usual place of abode, if no street address, write county or city) 1st (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Ross Smith deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME James Willard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P.O.

MOTHER 15. MAIDEN NAME Martha Hegarty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P.O.

17. INFORMANT (ADDRESS) Charles B. Smith  
Osage Co

18. BURIAL, CREMATION, OR REMOVAL PLACE at Zion DATE 2-1-45

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lisbel  
Van Buren Mo

20. FILED 2-3-45 1945 Frank Hyde MD  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1945

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1945 to 1-30 1945  
I last saw her alive on 1-29 1945 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Influenza & Pneumonia Date of onset 1-29-45

Other contributory causes of importance: \_\_\_\_\_

Name of operation 33 Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) O. E. Hardy, M. D.  
(Address) Osage Co

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Officer No. 5.

District File Number 245-108

Date Filed 2-17-45

**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, 1-30-45

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Philip A. Fenichel

Licensed Embalmer No. 2936

P. O. Address Van Buren, Mo

**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, above space should be left blank.**