

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39309

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10476**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE MISSOURI b. COUNTY MOU	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 1		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17	
c. LENGTH OF STAY (in this place) 21 YRS		d. STREET ADDRESS (If rural, give location) 3966 Kennerly Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3966 Kennerly Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) W. c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) DEC. 5 - 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1-2-1897
9. AGE (In years last birthday) 52		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME AARON F. Hodges		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE WALTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HERSHEL SMITH 2849 So JEFFERSON	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma Breast Rb e metastases to lung		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 1946		19b. MAJOR FINDINGS OF OPERATION Ca Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) 50	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X	

22. I hereby certify that I attended the deceased from **10-14, 1946** to **12/5, 1949**, that I last saw the deceased alive on **12/4, 1949**, and that death occurred at **10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. Hayden M D O		23b. ADDRESS 5899 Delmar		23c. DATE SIGNED 12/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-6-49		24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff, MO	

DATE REC'D BY LOCAL REG. Dec 6 1949		REGISTRAR'S SIGNATURE J. Basster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AW McLaughlin 2301 Lafayette	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *CW Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.