

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42068 *av*

State File No.

FILED JAN 15 1943

Registration District No.

Primary Registration District No. *200*

Registrar's No. *2579*

96
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County *St. Louis*

(b) City or town *LEMA*
(If outside the city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Mt. St. Rose Sanatorium*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *6/17/41 - 12/1/42*
(Specify whether)

In this community *6/17/41 - 12/1/42*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *94*

(c) City or town *Farmington Missouri*
(If outside city or town limits, write "RURAL")

(d) Street No. *RR # 2*
(If rural, give location)

(e) Citizen of foreign country? *1* (Yes or No)

If yes, name country *1*

3. (a) PRINT FULL NAME *Smith, Mary*

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* day *2nd*
year *1942* hour *4* minute *25 A.M.*

21. I hereby certify that I attended the deceased from *June 13* 19*41*, to *Dec 2nd* 19*42*
that I last saw her alive on *Dec 1st* 19*42*
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 *Married*

6. (b) Name of husband or wife *Henry W. Smith*

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

7. Birth date of deceased *9-7-06*
(Month) (Day) (Year)

Immediate cause of death: *Pulmonary Tuberculosis* Duration *8 yrs*

8. AGE: Years *36* Months *3* Days *1* If less than one day
hr. min.

Due to *1341*

Due to

9. Birthplace *Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

Other conditions *Tubercular Enteritis* *6 mos*
(Include pregnancy within 3 months of death)

11. Industry or business:

MOTHER FATHER { 12. Name *J. Giles Cunningham*

13. Birthplace *Mo. 0*
(City, town, or county) (State or foreign country)

14. Maiden name *Illie Pinkston*

15. Birthplace *Mo. 0*
(City, town, or county) (State or foreign country)

Major findings: Of operations:

Of autopsy:

PHYSICIAN: *Underline the cause to which death should be charged statistically.*

16. (a) Informant *Henry W. Smith*

(b) Address *Farmington, Mo.*

17. (a) *Burial* (b) Date thereof *Dec 4, 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Farmington, Mo.*

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?

18. (a) Signature of funeral director *Albert H. Hoppe Inc.*

(b) Address *4700 Washington Blvd.*

19. (a) *DEC 5 - 1942* (b) *E. G. Mc Carver*
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of transport

23. Signature *H. B. Wiest* (M. D. or other) *MD*

Address *9101 S. Broadway* Date signed *12/2/42*

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..... *Albert H. Zopp*

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.