

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

96 County... Saint Louis Registration District No. 1123
 Township... St. Louis Primary Registration District No. 6248B
 City... Jefferson Barracks (No. Veterans Administration Facility)st. _____ Ward _____

File No. 17616
 Registered No. 170

2. FULL NAME John W. SMITH

(a) Residence, No. R. R. #2 St. _____ Ward. Essex, Missouri.
 (Usual place of abode)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as splner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

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) Sparta, Illinois.

FATHER 13. NAME Henry Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

MOTHER 15. MAIDEN NAME Sarah Bineen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT Clinical Clerk M. Schellig (ADDRESS) VAJ Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE April 22, 1937

19. UNDERTAKER C. Hoffmeister Und. & Livery Co. (ADDRESS) 7814 S. Broadway

20. FILED April 20, 1937 G. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to April 20, 1937.

I last saw him alive on April 20, 1937. Death is said to have occurred on the date stated above, at 2:05A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis; Nephritis, chronic with uremia and marked retention of nitrogen. Date of onset Unkn.

Other contributory causes of importance: 131
Myocarditis, chronic. Unkn.
Hypertension Unkn.

Name of operation None Date of clinical, mani. and laboratory
 What test confirmed diagnosis? Was there an autopsy? YES

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?
 If so, specify C. W. Hughes
 (Signed) C. W. HUGHES, Chief Med. Officer. M. D.
 (Address) VAJ Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

