

JAN 10 1938

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

43150
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1791²
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 5421 Dresden Registered No. 11400
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 5421 Dresden St. 2
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stove
 9. Industry or business in which work was done, as saw mill, bank, etc. Moulder
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

FATHER 13. NAME William H. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

MOTHER 15. MAIDEN NAME Lydia Ann Beebe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton New Jersey

17. INFORMANT (ADDRESS) Belle Schanze 5421 Dresden av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evansville Ind. DATE 12-11-37

19. FUNERAL DIRECTOR (ADDRESS) With Brod & Mo. 2929 S. Jefferson av.

20. FILED DEC 11 1937 J. P. Braddock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1937 to Dec 10 1937

I last saw him alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Carcinoma Prostate Gland 1934

Other contributory causes of importance: JIC

Name of operation..... 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?.....

If so, specify.....

(Signed) Adam & Youngman, M. D.

(Address) 5439 Bravais

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.

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STATEMENT BY LICENSED EMBALMER

I, Edgar F. Witt, Licensed Embalmer No. 2117
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edgar F. Witt
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Edgar F. Witt
Licensed Embalmer No. 2117

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.)