

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

636
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **1426a R., Wash St.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Abraham Smith 570**
 (a) Residence, No. **1426a R., Wash St.** St. **25**
 (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 **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Smith**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 25, 1871**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 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) **Missouri**

FATHER 13. NAME **Edmond Smith**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Hannah (Unk)**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Sarah Smith**
 (ADDRESS) **1426a R., Wash St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. ST. LOUIS, ILL.** DATE **1/16/38**

19. FUNERAL DIRECTOR **R. M. C. Green**
 (ADDRESS) **3517 Laclade Ave.**

20. FILED **JAN 15 1938**
J. G. Briedeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 10 1938**
 22. I HEREBY CERTIFY that I attended deceased from **1/8** to **1/10** 19**38**
 I last saw him alive on **1/10** 19**38** Death is said to have occurred on the date stated above, at **4:45 a.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic pyoculitis
diffuse arteriosclerosis

Other contributory causes of importance:
 Name of operation **Chiasm** Date of **1/10/38**
 What test confirmed diagnosis? **Chiasm** 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
 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) **J. G. Briedeck** M. D.
 (Address) **1426a R., Wash St.**

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.

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, at 3517 Laclede Ave.,
Jan. 10, 1938. L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed R. M. C. Green
Licensed Embalmer No. 1173

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.)