

Dr. **FEB 12 1938**
hicks at ...

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

1200
Do not use this space.
Registered No. **1056**

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Peoples Hospital** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joseph A. Smith 530**

(a) Residence, No. **4445 Waffitt Ave.** St. **11**
(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** Negro **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF **Mrs. Mary Smith**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1870**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 68 -----

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Lawyer
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) **St. Louis, Mo.**

13. NAME **David P. Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Richmond, Virginia**

15. MAIDEN NAME **Incy Dyson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisville, Ky.**

17. INFORMANT (ADDRESS) **Mrs. Rebecca Jackson 3006 Vine Grove**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **Jan. 24, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **J. C. Gordon Undt. Co. 2649 Delmar Ave.**

20. FILED **JAN 28 1938** **J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan - 23rd, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **Jan - 19 - 1938** to **Jan - 23 - 1938**
I last saw him alive on **Jan 23, 1938** Death is said to have occurred on the date stated above, at **10:28 p.m.**
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset **Unknown**

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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? **No**
If so, specify.....
(Signed) **Eugene D. Johnson**, M. D.
(Address) **3110 S. Lucas Ave.**

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, William Claude Gordon, Licensed Embalmer No. 3489

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. Claude Gordon

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

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.)