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.

REC'D MAR 14 1938

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

Do not use this space.

4853

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1498

City St. Louis (No. Alexian Brothers Hospital St. ..... Ward)

2. FULL NAME Louis Smith 526

(a) Residence, No. 9615 Perrin St., NR Ward. St. Louis Co., Mo.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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

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) Des Moines Iowa

FATHER

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ida L. Smith - Wife 9615 Perrin, St. Louis Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory DATE Feb. 12, 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. B'way, St. Louis, Mo.

20. FILED FEB 11 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Febr 2, 1938, to Febr 9, 1938

I last saw him alive on Febr 9, 1938. Death is said to have occurred on the date stated above, at 408 p.m.

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

	Date of onset
Coronary Occlusion	2/2/38
Thrombosis	
Congestion Heart Failure	2/4/38
Arteriosclerosis	(93)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lot 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 .....

(Signed) E. P. Buddy, M. D.

(Address) Alexian Bro

STATEMENT OF LICENSED EMBALMER

I, George W, Hoffmeister, Licensed Embalmer No. 2426, hereby certify that the body recorded on the reverse side of this certificate was embalmed by Virgil Berryman, Licensed Embalmer No. 4018, working under my personal supervision.

Signed .....
Licensed Embalmer No. 2426.