EP 22 1938 REC'D OCT 6 1938

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

33261
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Jennings — Primary Registration District No. 200 — Registered No. 1547
(c) City — (d) Street No. 8511 Clifton, Ave. 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 John W. Smith 530
(a) Residence, No. 8511 Clifton, Ave. St.
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15/1869
7. AGE: YEARS 69 — MONTHS 2 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
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): 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rolla Missouri 0

FATHER
13. NAME: Clarence Smith 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem Missouri 0

MOTHER
15. MAIDEN NAME: Elizabeth Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem Missouri.

17. INFORMANT (ADDRESS): Mrs. Edgar J. St. John 8511 Clifton, Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles, Cem. DATE Sept. 23/ 1938
19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe, Inc. 4700 Washington, Ave.
20. FILED SEP 22 1938 — T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 21/ 1938
22. I HEREBY CERTIFY, That I attended deceased from 1/6/38, 19..., to 9/21/38, 19...
I last saw him alive on 9/21/38, 19... Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Bladder — Date of onset 1936

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Other contributory causes of importance: Senility

Name of operation Exploration Date of 1937
What test confirmed diagnosis? — 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) H. J. Stein MD, M. D.
(Address) 6815 W. Florissant

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed Albert G Hoppe

Licensed Embalmer No. 2971

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.)