

NOV 16 1938

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

34350
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. **791**
 (b) Township / Primary Registration District No. **1008** Registered No. **9336**
 (c) City **St. Louis, Mo.** (d) Street No. **62** Primary St. **13008**
 (e) Length of residence in city or town where death occurred **62** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Smith
 (a) Residence, No. **5800 Arsenal** St. **13**
 (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 4, 1850**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **River Man**
 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) **Unknown Pa.**

FATHER 13. NAME **William Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Pa.**

MOTHER 15. MAIDEN NAME **Winifred McDermott**

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

17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Ametery** DATE **Oct. 27-1938**

19. FUNERAL DIRECTOR (ADDRESS) **J.H. Gebken & Co. 7847 Mesary St.**

20. FILED **OCT 27 1938** **J.F. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 25, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 6, 1938** to **Oct. 25, 1938**
 I last saw him alive on **Oct. 25, 1938** Death is said to have occurred on the date stated above, at **5:40 P.M.**
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
Bronchopneumonia
 Date of onset

Other contributory causes of importance:
Bronchopneumonia
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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? **No**
 If so, specify..... (Signed) **C.D. Muck**, M. D.
 (Address) **5600 Arsenal 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,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
I. E. *M. J. Constance*
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)