

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

RECEIVED FEB 10 1939

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

880
Do not use this space

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **880**
(c) City **St. Louis Mo** (d) Street No. **Dwemer Phillips 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

(a) Residence, No. **531 Henry Smith** St. **23**
2125 Sidney Sidney (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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **None**

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **About 80**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
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) **Pa.**

FATHER 13. NAME **Message Smith**

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

MOTHER 15. MAIDEN NAME **Sarka ??**

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

17. INFORMANT (ADDRESS) **Evelyn Hillard**
2601 N. Whitten St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **1-18-39**

19. FUNERAL DIRECTOR (ADDRESS) **Emmett Loney Co.**
3421 Delmar

20. FILED **JAN 28 1939** **J. B. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 19th 1939**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **10:45 A.M.**

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia, Fracture of neck of right humerus, when he either fell or was struck by street car by one, Charles Temming, at the intersection of Jefferson and Gravois about 6:00 o'clock P.M. January 8, 1939. OPEN VERDICT.
Other contributory causes of importance:

Name of operation **None** Date of _____

What test confirmed diagnosis? **39** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Open** Date of injury **1/7, 1939**

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 **see above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **Alfred Perry** M.D.
(Address) **Alfred Perry** Coroner

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

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.)