REC'D MAR 13 1939

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

791
1003

4416
Do not use this space.

1109

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St Louis (d) Street No. 3855A Delmar 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.

530

2. PRINT FULL NAME JOHN D. SMITH
(a) Residence, No. 3855A DELMAR BLVD. St. 19
(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: RUBY SMITH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 25-1886

7. AGE: 52 YEARS | MONTHS: 2 | DAYS: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: SALESMAN
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): OKLAHOMA

FATHER
13. NAME: THOMAS SMITH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

MOTHER
15. MAIDEN NAME: AGNES HYDER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

17. INFORMANT (ADDRESS): RUBBY SMITH 3855A DELMAR BLVD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Gem DATE: Feb 4 1939

19. FUNERAL DIRECTOR (ADDRESS): Mud & Lindman 3034 Easton ave

20. FILED: FEB 3 1939 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1939, to 2-2, 1939
I last saw him alive on 2-1-, 1939 Death is said to have occurred on the date stated above, at 6 30 A.m.
The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia Type V

Date of onset

Other contributory causes of importance:
General Arteriosclerosis
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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? .....
If so, specify .....
(Signed) E. Eugene Brown am, M. D.
(Address) 419 Wall Bldg.

(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.

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 Howard F. Rowland

Licensed Embalmer No. 314

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)