

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.

Mr. Mackin
 APR 12 1939
 Salem Ill.

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

8729
 Do not use this space.

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City St. Louis, Mo.
 (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 BEN MARTIN SMITH
 (a) Residence, No. 624 W. MA St. NR SALEM ILL
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

791
 1003

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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 3 4
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker
 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) Centralia Illinois.
 FATHER
 13. NAME Sam Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 MOTHER
 15. MAIDEN NAME Mary Martin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 17. INFORMANT (ADDRESS) Mrs. Wm. Lesch Danville Ill.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Ill. DATE March 18, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.
 20. FILED MAR 16 1939 J. F. Budech Local Registrar.

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-8- 1939 to 3-15 1939.
 I last saw him alive on 2-15 1939. Death is said to have occurred on the date stated above, at 11:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary sclerosis, thrombosis
Coronary infarction
lung infarct - NO pneumonia
 Date of onset Jan. 1929
1931
 Other contributory causes of importance:
94 b
 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?.....
 If so, specify.....
 (Signed) F. R. Bradley, M. D.
 (Address).....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Albert G. Hoff

Licensed Embalmer No.....

2991

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.