

REC'D APR 11 1939

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

10274
Do not use this space.

1. PLACE OF DEATH

(a) County Calloway 1 Registration District No. 104
(b) Township..... Primary Registration District No. 3008 Registered No. 91
(c) or City Fulton (d) Street No. State Hosp # 1 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 0 yrs. 2 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John T. Smith, Jr.

(a) Residence, No. St Charles Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) Sept (2) 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 (?)

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Teamster
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... unknown

12. BIRTHPLACE (CITY OR TOWN) St. Charles, Missouri (STATE OR COUNTRY)

FATHER 13. NAME John J. Smith Sr.

14. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cliza (unknown)

16. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) State Hosp # 1 Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Mo DATE 3/27/39

19. FUNERAL DIRECTOR (NAME) Thos. J. Walker (ADDRESS) 7407 Quincy Ave - St Louis

20. FILED 3/16 19 39 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934, to March 24, 1939
last saw him alive on 3-24-, 1939. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Bilateral pulmonary abscess
& Broncho pneumonia - acute
Aspiration type
Psychosis & cerebral arteriosclerosis Indefinite
Date of onset 3-2-39

Other contributory causes of importance: Chronic otitis media Indefinite

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) George W. Farmer, M. D.
106 (Address) State Hosp # 1 Fulton Mo

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

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

John D. Smith Jr.
working under my personal supervision.

Registered Apprentice No.....

Signed.....

James A. Brown

Licensed Embalmer No.....

3522

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.