

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

16490
Do not use this space.

REC'D JUN 12 1939

791
1003

Registered No. 4024

1. PLACE OF DEATH 2 Registration District No. 791
 (a) County St. Louis Primary Registration District No. 1003
 (b) Township St. Louis (d) Street No. 14 South Taylor Ave. St.
 (c) City St. Louis (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 87 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Belle Smithers Evill
 (a) Residence, No. 14 South Taylor Ave. St. 19 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Evill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th, 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 7 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) St. Louis, Mo.
 FATHER 13. NAME John A. Smithers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky.
 MOTHER 15. MAIDEN NAME Mary Cleland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Melville L. Smithers
 (ADDRESS) 4907 Maryland Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 5-2-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co.
3710 N. Grand Blvd.
 20. FILED MAY 1 1939
MAY 1 1939 J.P. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30-39 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan. 1, 1939, to April 30, 1939
 I last saw her alive on April 29, 1939. Death is said to have occurred on the date stated above, at 5:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic 1935
Arterio-sclerosis 1935?
 Other contributory causes of importance:
 Name of operation None Date of None
 What test confirmed diagnosis? Cholera 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? No
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) 4500 [Address]

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

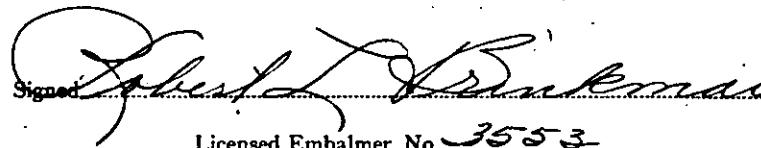
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 9-1-1938 I X18903

Be Victor
4500 Olive
2-3

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 

Licensed Embalmer No. 3553

P. O. Address 3710 N Grand

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.