

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

JUN 12 1939

16687
Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City **St. Louis, Mo.** (d) Street No. **3733 Bell Ave** 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 **530** **Dona T. Smith**

(a) Residence, No. **3733 Bell Ave.** St. **11** (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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF HUSBAND OF (OR) WIFE OF **Vernetta Smith**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
About 49 **—** **—**

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) **Louisville Ky.**
 (STATE OR COUNTRY)

FATHER 13. NAME **Shelby Smith**
 14. BIRTHPLACE (CITY OR TOWN) **Shelbyville Ky.**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Ann Ottsbly**
 16. BIRTHPLACE (CITY OR TOWN) **Shelbyville Ky.**
 (STATE OR COUNTRY)

17. INFORMANT **Vernetta Smith**
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **May 7th 39**

19. FUNERAL DIRECTOR (NAME) **A. L. Beal Und. Co.**
 (ADDRESS) **2726 Lucas Ave.**

20. FILED **MAY 6 1939** 19 **J. B. Brubaker** Local Registrar

No. 16687
CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3 1939**

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **1:26 p.m.**

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

Chronic Myocarditis
Chronic Interstitial Nephritis
 Other contributory causes of importance
Diffused Arteriosclerosis

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? **Y**

If so, specify..... (Signed) **W. H. Perry** M. D.

(Address) **W. H. Perry, Corcoran**

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.

THIS IS A PERMANENT RECORD

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 Birdie Pearl Henderson

Licensed Embalmer No. 2929

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.