

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

17369  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County..... | Registration District No..... **721**  
 (b) Township..... | Primary Registration District No..... **1003**  
 (c) City..... **St. Louis, Mo.** (d) Street No..... **City Infirmary** 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 **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Elbert Smith.**

(a) Residence, No. **5800 Arsenal St.** St. **13**  
 (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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Johanna Milla.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 16, 1865.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**74 4 10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber.**  
 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) **Illinois.**

FATHER 13. NAME **Joshua Smith.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown.**

MOTHER 15. MAIDEN NAME **Johanna Brown.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown.**

17. INFORMANT (ADDRESS) **E. Molony. 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **May 31, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **John J. Grassy E. St. Louis, Ill.**

20. FILED **MAY 31 1939** **J. B. [Signature]** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 26, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **November 24, 1938** to **May 26, 1939**

I last saw him alive on **May 26, 1939**. Death is said to have occurred on the date stated above, at **11:15 A.M.**

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

*Pericardial pneumonia*  
*Myocardial insufficiency*  
*Hypertensive Cardiovascular disease*  
 Date of onset

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) **A. [Signature]** M. D.  
 (Address) **5600 Arsenal St.**

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.

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**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 Paul A. Keith  
Licensed Embalmer No. 3612  
P. O. Address 2317 Lafayette

**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.**