

791
1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2712 LAWTON BLVD. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 years years, months or days)

3. (a) PRINT FULL NAME JAMES P. SMITH

3. (b) If veteran, name war INDIAN WAR. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife SALLIE SMITH 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 83 hr. min.

9. Birthplace Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE 1

11. Industry or business NONE 9

MOTHER FATHER
12. Name UNKNOWN 9
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. Hughes

(b) Address 2712 LAWTON BLVD.

17. (a) Burial (b) Date thereof 6 29 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVETTY CEM

18. (a) Signature of funeral director J.W. Hughes

(b) Address 2620 LAWTON BLVD.

19. (a) JUN 28 1939 (b) J.P. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 1 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2712 Lawton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1939 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June: 21
1939, to June 24 1939;
that I last saw him alive on June 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) OPK

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 1 (Specify type of place) (e) Means of injury _____

23. Signature W. Hughes (M. D. or other) _____

Address 2316 Park St. Date signed June 27

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.

1 X1081

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. 3371

P. O. Address. St. Louis, MO

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.