

Registration District No. **791** Primary Registration District No. \_\_\_\_\_ Registrar's No. **9441**

**1. PLACE OF DEATH:** **3**  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **City Hospital, Enroute**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution **50 yrs**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emmett Carl Smith 530**  
8. (b) If veteran, name war **No** 8. (c) Social Security No. **492-03-9983**  
4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Mae** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **July 30, 1878**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **3** Days **2** If less than one day hr. min.

9. Birthplace **Rolla, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Electrician**  
11. Industry or business **Industrial**  
12. Name **Geo. W. Smith**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martha Harman**  
15. Birthplace **Blue Springs, Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mae Smith**  
(b) Address **3827 Fairview Ave**

17. (a) **Burial** (b) Date thereof **11/4/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bellefontaine Cem**

18. (a) Signature of funeral director **P. W. McLaughlin**  
(b) Address **2301 Lafayette Ave**

19. (a) **NOV 4 1939** (b) **J. F. Bredich**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:** **1**  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3827 Fairview Ave 16**  
**NO PHYSICIAN IN ATTENDANCE**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **Nov. 2** day **1** year **1939** hour **1** minute **30 P.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Oedema of Brain;**  
**Chronic Interstitial Nephritis;**  
Due to **Uremia;**  
Due to **131**  
Other conditions (Include pregnancy within 9 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically

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? \_\_\_\_\_ (Specify type of place) (If death of injury)  
28. Signature **Alfred Perry** (M. D. or other)  
Address **2301 Lafayette Ave** Date signed **11/4/39**

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.**