DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 811

Registration District No. 79 Primary Registration District No. 10003 Registrar's No. 811

1. PLACE OF DEATH: FEB 27 1940

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Das (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 19

(d) Street No. 4251 Laclede Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James H. Smith 530

3. (b) If veteran, name war no

3. (c) Social Security No. 488 16 8634

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 29 1908 (Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Beauty Operator

11. Industry or business 917a

FATHER
12. Name unknown Smith
13. Birthplace Lebanon (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Della Huff
15. Birthplace Lebanon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Lucille Elliot

(b) Address 4251 Laclede Ave.

17. (a) Removal R.R. (Burial, cremation, or removal) (b) Date thereof Jan 26/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl. 844

19. (a) JAN 26 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1940 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-8-40, 19, to 1-25, 1940 that I last saw him alive on 1-24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxic Myocarditis:	2 Days
X Streptococcic Peritonitis	17 Days
Due to Streptococcic Sepsis	17 Days
Due to Perforated Gastric Ulcer	1-2 Days
Other conditions (Include pregnancy within 3 months of death) ac Delirium, Maniacal	5 Days
Hypostatic Pulmonitis.	2 Days
Major findings: Of operations perforated Pyloric ulcer: Peritonitis Free Pus profuse in abdominal Cavity	

PHYSICIAN

Underline the cause to which death should be charged statistically.

No autopsy.

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

(a) Accident, suicide, or homicide (specify) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. T. Wrkan MD (M.D. or other)

Address 3903 Olive Date signed 1/26/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

to G. J. Mahan
Hall Bldg
Lawrence Co. Ohio
P.M.

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.