

E14786

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4241

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

791

1003

1071

1. PLACE OF DEATH:

- (a) County.....
 (b) City or town. St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether
 In this community 50 yrs.
 years, months or days)

8. (a) PRINT FULL NAME Edward Smith3. (b) If veteran, name war Unknown3. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years7. Birth date of deceased June 3, 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 7 24 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Nil.11. Industry or business -----12. Name James Smith,13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Catherine (Unknown)15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Anna Morrison(b) Address City Hospital, #117. (a) Burial (b) Date thereof Feb 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CANYARY18. (a) Signature of funeral director Cullen Kelly(b) Address 1716 N. Taylor19. (a) FEB 2 1940 (b) J. H. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County.....
 (c) City or town St. Louis 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 419 Wash
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27,
year 1940 hour 9:40 minute A. M.21. I hereby certify that I attended the deceased from January
25, 40 to January 27, 40;
that I last saw him alive on January 27, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Sarcoma
retro-peritoneal gland

Due to _____

Due to _____

Other conditions HL
(Include pregnancy within 3 months of death)Major findings:
Of operations HLOf autopsy Same22. 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)
(e) Means of injury _____23. Signature J. H. [Signature] (M. D. or other)
Address 1515 Lafayette, Date signed 1/30/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....
myself....., Registered Apprentice No.
working under my personal supervision.

*City license
180*

Signed *Raymond E. Gerke*
Licensed Embalmer No. *3985*
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.