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3-40  
-39  
23159

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1882

1. PLACE OF DEATH:

(a) County St. Louis. **FILED OCT 23 1940**  
(b) City or town Maryland Heights.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Maryland Heights.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30  
(Specify whether years, months or days) 75 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town Creve Coeur.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Jacob B. Smith.

3. (b) If veteran, name war No. 3. (c) Social Security No. 491-12-9228

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Late Minnie Smith. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 25 1858.  
(Month) (Day) (Year)

8. AGE: ( Years Months Days If less than one day  
81 85 9 10 hr. min.

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

10. Usual occupation Painter.

11. Industry or business \_\_\_\_\_

12. Name Ely B. Smith.

13. Birthplace U.S.A. (City, town, or county) (State or foreign country)

14. Maiden name Anna Martin.

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

16. (a) Informant Stuart S. Smith.

(b) Address 7042 Mitchell Ave.

17. (a) Burial. (b) Date thereof 10-7-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park cem.

18. (a) Signature of funeral director H. Lidner

(b) Address 2223 St. Louis Ave.

19. (a) OCT - 5, 1940 (b) H. K. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5<sup>th</sup>  
year 1940 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from Oct. 4<sup>th</sup> 1940, to Oct. 5<sup>th</sup> 1940;  
that I last saw him alive on Oct. 5<sup>th</sup> 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Broncho-pneumonia 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis 1 yr.

Major findings: Of operations \_\_\_\_\_

Of autopsy 107a

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) (e) Means of injury \_\_\_\_\_

23. Signatures H. K. Meyer (M. D. or other) H. K. Meyer

Address Pattonville, Mo. Date signed Oct 5, 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

m

AUG 4 1941

*Dr. Coleman  
Pittsboro  
1-2 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 *Homer T. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

**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, fact should be so stated above.**