

No. 2
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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8938
2348
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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: 5845 Etzel Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 5800
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5845 Etzel Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME HENRY SMITH
3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Elizabeth Smith 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased NOV. 24, 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Retired

12. Name Lawrence Smith

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Margaret Clay

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

16. (a) Informant Mollie Smith

(b) Address 5845 Etzel Ave.

17. (a) Burial (b) Date thereof March 15, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles F. Stewart

(b) Address 1225 Union Blvd.
19. (a) Registrar's signature J. W. Breck

(Date received local health officer's report)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day MARCH year 1941 hour 5 minute 55 A. M.
21. I hereby certify that I attended the deceased from Feb. 24, 1941 to March 13, 1941 that I last saw him alive on March 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic Nephritis
Due to
Other conditions
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) (e) Means of injury
23. Signature Harry A. Meyer (M. D. or other) Address 4903 Delmar Date signed 3/13/41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Bernard G. Stuart

Licensed Embalmer No. *3500*

P. O. Address *1225 Quincy 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, fact should be so stated above.