

V. S. No. 2
OM-1-4-41
Rev. 5-17-39
FPI X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **874**
884
Registrar's No.

FILED FEB 24 1942
Registration District No. **791**

Primary Registration District No. **100**

67

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

1. PLACE OF DEATH:

(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:
Homer G. Phillips Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 71 yrs
 years, months or days

3. (a) PRINT FULL NAME Jim Smith

3. (b) If veteran, name war..... 3. (c) Social Security No.

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

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

7. Birth date of deceased. Aug 14 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>12</u>	hr. min.

9. Birthplace. St Louis mo
 (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER

12. Name. Job Smith

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

14. Maiden name. Martha Raylon

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

16. (a) Informant. L. M. H. H. H.
 (b) Address. 2604 Glasgow ave

17. (a) Burial (b) Date thereof. 1-30-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Brunwood Cemetery

18. (a) Signature of funeral director. J. L. Predeak & Son
 (b) Address. 3133 Bell ave

19. (a) JAN 20 1942 (b) J. L. Predeak
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800
25 17
 (c) City or town. St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1422 North 9th Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th
 year 1942 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....,
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Testicle (Generalized Carcinomatous).

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....

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 3

23. Signature Thompson & Callender (M. D. or other)
 Address Deputy Coroner Date signed 1/27/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.

P. O. Address.....

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.