V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20026

FILED JUL 7 [redacted] 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5815

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:
1201 Bayard 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 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600 / 127

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1201 Bayard Ave.
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME VICTOR R. SMITH

3. (b) If veteran, name war --

3. (c) Social Security No. 497-07-1753

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Carrie Smith

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 30th. 1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	10	6	hr. min.

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

10. Usual occupation Custodian

11. Industry or business Vashon High School

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Unavailable
15. Birthplace Jefferson Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Smith
(b) Address 1201 Bayard Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis.

19. (a) JUL 8 1942 (Date received local registrar) (b) J. F. Bulesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th.
year 1942 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15, 42, 19..., to July 6th. 1942
that I last saw him alive on July 6th. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Mitral Valvular Leakage

Due to Two years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. H. Mansfield (M. D. or other)

Address 4160 West Belle Pl. Date signed 7/7/42

(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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.