V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35934

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9572

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4908 Arlington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4908 Arlington (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennings M. Smith
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillie
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January (Month) 12 (Day) 1870 (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Shipping Clerk
11. Industry or business
MOTHER FATHER
12. Name J. Bailey Smith
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Mary Matthews
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Lillie Smith
(b) Address 4908 Arlington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem
18. (a) Signature of funeral director Lonal F. Stuart
(b) Address 1225 Union Blvd.
19. (a) NOV 17 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1942 hour 1:20 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 8, 1942, to Nov. 15, 1942, that I last saw him alive on Nov. 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — Duration 8 day
Due to general hypertension — Duration Doubtful
Due to 8 yr
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. R. Menown (M. D. or other) MD
Address 5330 Gravois Date signed 11/16/42

(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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

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.