V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25766

State File No.

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1620

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7419 Hazel 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 St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7419 Hazel Ave 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rev. John Morris Smith

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucinda
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Mar. 5, 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Ohio. (State or foreign country)
10. Usual occupation Minister Christian Churches
11. Industry or business

FATHER
12. Name Henry H. Smith
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Elizabeth Radabaugh
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs White
(b) Address 7419 Hazel Ave Maplewood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Cherryville Mo.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.
19. (a) AUG 1 - 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1944 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from 7/19/44, 19 to 7/26/44, 19; that I last saw him alive on 7/26/44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	8 days
Due to Cardio-nephritis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

131 (a)

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 E. E. Neuman (M. D. or other) M.D.
Address 2901 Big Bend Bl. Date signed 7/28/44

707

(Licensed Embalmer's Statement on Reverse Side)

Dr Freeman

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 345 C

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3154

P. O. Address 7456 Manchester

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.