S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36279

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9691

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 759 Aubert 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 000

(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 759 Aubert Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME John E. Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M-2

5. Color race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 4 (Day) 1869 (Year)

8. AGE: Years 78 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Will Smith
13. Birthplace Washington Co. Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Smith
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Francis Hopkins West
(b) Address 739 Aubert Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave

19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1947 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1947, 19, to Oct. 16th, 1947
that I last saw him alive on Oct. 16, 1947, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 S. B. Vagner M.D. (M. D. or other)

Address 4503A Page Date signed 10-18-47

Jefferson City Printing Co.

(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 Jesse E. Hund, Registered Apprentice No. 514, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Cocledo 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.