

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

32870

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, MO.
(b) Township St. Louis, Mo.
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 791
Primary Registration District No. 1003
City Infirmary

Registered No. 8924

2. PRINT FULL NAME

John A. Smith.
(a) Residence, No. 5800 Arsenal St. City Infirmary. 13 Hospital.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22, 1857
7. AGE YEARS 79 MONTHS 11 DAYS 13 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter.
9. Industry or business in which work was done, as saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Vinton,
(STATE OR COUNTRY) Iowa,

FATHER 13. NAME John Smith,

14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME Caroline Oyler,

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) ?

17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE 9-11-1937

19. FUNERAL DIRECTOR W. R. Ricketts
(ADDRESS) 3570 Dutcher St.

20. FILE SEP 24 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1936 to September 5, 1937
I last saw him alive on September 5, 1937 Death is said to have occurred on the date stated above, at 6:50 m. P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage
arteriosclerosis
Date of onset

Name of operation ? Date of ?
What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? ? Date of injury ?, 19
Where did injury occur? ?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify ?
(Signed) W. R. Ricketts M.D.
(Address) ?

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)