

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

890
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **of St. Louis** (d) Street No. **En Route City Hospital** Registered No. **746**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John B. Smith 530
(a) Residence, No. **1614 Park Avenue** St. **23**
(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 **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Dorothy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 13, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Memphis Missouri**

FATHER 13. NAME **David Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mrs. Dorothy Smith 1614 Park Avenue**

18. BURIAL PLACE **New St. Marcus** DATE **Jan. 22, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **A. W. McLaughlin 2301 Lafayette Avenue**

20. FILED **JAN 21 1938** **J. F. Bredeck** Local Registrar.

No Medical Certificate of Death
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/19/38**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Date of onset
1/17/38

Other contributory causes of importance:
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**
23. If death was due to external causes (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 **See above**
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify **Joseph M. Quinn**
(Signed) **J. F. Bredeck** (Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER.

I, L. R. Cooper, Licensed Embalmer No. 3633

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)