

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

Do not use this space.
8783

1. PLACE AND DATE OF DEATH **8565 4777** , 1 1938

(a) County Registration District No.

(b) Township Primary Registration District No. Registered No. **2372**

(c) City **St. Louis, Mo.** (d) Street No. **Alexian Bros. Hospital** St. (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 **Thomas Smith 530**

(a) Residence, No. **Maryland Hotel, St. Louis, Mo.** (Usual place of abode, if no street address, write county or city) **25** (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Florence Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 18, 1868**

7. AGE YEARS **69** MONTHS **2** DAYS **19** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**

9. Industry or business in which work was done, as saw mill, bank, etc. **Armour & Co.**

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) **Napierville Illinois**

FATHER 13. NAME **Samuel W. Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Napierville Ill. 51B**

MOTHER 15. MAIDEN NAME **Martha Hines**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New England**

17. INFORMANT (ADDRESS) **Florence Smith Maryland Hotel, St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chicago, Ill** DATE **3/10/38**

19. FUNERAL DIRECTOR (ADDRESS) **Edith E. Ambruster 4234 Manchester**

20. FILER **MAR 9 1938** **Jet Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/9/38** , 19

22. I HEREBY CERTIFY, That I attended deceased from **Feb 9** 19**38** to **March 9** 19**38**

I last saw him alive on **Feb 8** 19**38**. Death is said to have occurred on the date stated above, at **7:04** m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder - metastasis to Pelvis

Arterio Cardio-Sclerosis

Coronary Arteriosclerosis

Other contributory causes of importance: **Thrombo-Phlebitis Left Leg**

Date of onset **Dec 31**

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

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **C. J. Bredbeck**, M. D.
(Address) **New Clark Bldg**

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, Florenz Eynck, Licensed Embalmer No. 1284

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:

Florenz Eynck

Licensed Embalmer No. 1284

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.)