

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.

4397

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

8905
Do not use this space.

DEC'D APR 1 1938

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Missouri** (d) Street No. **4348 Laclede Ave.** Registered No. **2494** 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 **Benjamin Franklin Smoot 530**
(a) Residence, No. **4348 Laclede** St. **19** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Elizabeth Smoot**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 30 1848**

7. AGE YEARS **89** MONTHS **2** DAYS **14**
If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **Johnson County Ill**
(STATE OR COUNTRY)

FATHER 13. NAME **Reed**
Kentucky

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

MOTHER 15. MAIDEN NAME **Eliza Thomas**

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

17. INFORMANT **James A Smoot**
(ADDRESS) **4343 Laclede**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Vienna, Ill.** DATE **3 16 38**

19. FUNERAL DIRECTOR **Albert H. Hoppe; Inc.**
(ADDRESS) **429 No Euclid, Ave.**

20. FILED **J. J. Brudeck**
Local Registrar. (Address) **4397 W. Paul**

MAR 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-14** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 28**, 19**38**, to **March 13**, 19**38**
I last saw him alive on **13th March**, 19**38**. Death is said to have occurred on the date stated above, at **5:15 a** m.
The principal cause of death and related causes of importance were as follows:

*Spirituality
After ageleosis
manifor*

Other contributory causes of importance
*Operation for duodenal ulcer
Resection of stomach
Subacute inflammation*
Name of operation **Resected Stomach** Date of **2-28-38**
What test confirmed diagnosis **Thyroid gland present** Was there an autopsy? **No**

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) **Henry Dalton M.D.**, M. D.
(Address) **4397 W. Paul**

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

Guy W. Wilkinson

Licensed Embalmer No.

25757

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.)