

REC'D APR 17 1938
 APR 17 1938

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

8977
 Do not use this space.

1. PLACE OF DEATH
 (a) County 2725 Dayton St. 1 Registration District No. 791
 (b) Township Primary Registration District No. 1008
 (c) City St. Louis, Mo. (d) Street No. 2725 Dayton St. St.
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Johnnie Smith 530
 (a) Residence, No. 2725 Dayton St. St. 21 (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 Female
 4. COLOR OR RACE Col.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1913
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 24 5 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) (STATE OR COUNTRY) Brookhaven Miss.
 FATHER 13. NAME Will Ford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 MOTHER 15. MAIDEN NAME Carrie Simmons
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 17. INFORMANT (ADDRESS) Ester Smith Jackson, Miss.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brookhaven, Miss. DATE 3/18/38
 19. FUNERAL DIRECTOR (ADDRESS) E. L. Garner 2829 Washington Ave.
 20. FILED 19 J. P. Budick (Registered Embalmer)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1938
 22. I HEREBY CERTIFY, That I attended deceased from 3-1-1938, to 3-15-1938.
 I last saw her alive on 3-15-1938. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
 Malignant Hypertension
 Chronic nephritis
 Chronic myocarditis
 Date of onset 1/31
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed as 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
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) J. P. Budick, M. D.
 (Address) 2829 Washington Ave.

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. WRITE PLAINLY, WITH OUT-SPARING INK. I X12004

MAR 17 1938

DEC 8 1947

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Heilbard, Licensed Embalmer No. 3389

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 Arthur L. Heilbard

Licensed Embalmer No. 3389

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.)