

REC'D JUN 9 1938

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

16425

Do not use this space.

1. PLACE OF DEATH 3210 Bell Ave 2

(a) County 1 Registration District No.

(b) Township Primary Registration District No.

(c) City St. Louis (d) Street No. Registered No. 4286 Yst.(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Harry Smith 530(a) Residence, No. 3210 Bell Avenue St. 21
(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4th 18807. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 0OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Concrete finisher
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) Savannah (STATE OR COUNTRY) TennFATHER 13. NAME Henry Smith
14. BIRTHPLACE (CITY OR TOWN) Savannah (STATE OR COUNTRY) TennMOTHER 15. MAIDEN NAME Viana Marmon
16. BIRTHPLACE (CITY OR TOWN) Atlanta (STATE OR COUNTRY) Ga17. INFORMANT Battie Watkins (ADDRESS) 6162 School Street18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson Date May 10th 3819. FUNERAL DIRECTOR (NAME) Jas. H. Randle & Son (ADDRESS) 3138 Bell Avenue20. FILED MAY 10 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 193822. I HEREBY CERTIFY, that I attended deceased from April 11, 1938, to May 4, 1938. I last saw him alive on May 26, 1938. Death is said to have occurred on the date stated above, at 4 a m.

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

Valvular Heart Disease Date of onsetOther contributory causes of importance: Chronic NephritisName 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify Chronic Nephritis M. D.
(Signed) James Stafford
(Address) 925 N. Jefferson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 269P

P. O. Address 2769 Ch...

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

16425-
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 791
(b) Township _____ Primary Registration District No. 1003 Registered No. 4286
(c) City St. Louis (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Harry Smith
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 10 0

Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

FATHER 13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:

MOTHER 15. MAIDEN NAME

Accident, suicide, or homicide? _____ Date of injury _____, 19...

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19...

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

20. FILED JUN 23 1938 J. F. Brudeck Local Registrar.

(Signed) Samuel C. Struffard, M. D.

(Address) 925 N. Jefferson

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

SUPPLEMENTARY

1938
S-16425