

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 12 1938

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

31145
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo. (d) Street No. 7042 Mitchell Ave. St. 791
(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.

Registered No. 8582

2. PRINT FULL NAME

Elsie Smith,
(a) Residence, No. 7042 Mitchell Ave., St. 4
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1938

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

22. I HEREBY CERTIFY That I attended deceased from Aug 6, 1938, to Sept 29, 1938. I last saw him alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance were as follows:
Submucous tubercular (Date of onset)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24th 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 6

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

Other contributory causes of importance:
MS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Henry W. Schaaf,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Meta Geristrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Stuart L. Smith
7042 Mitchell Ave.,

Name of operation none Date of.....
What test confirmed diagnosis? Bacteriologic Was there an autopsy?

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct. 3rd 1938

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.....

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leidner and Co.
1417 N. Market St.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) M. E. Stettin, M. D.
(Address) 300 West 10th

20. FILED SEP 30 1938
J. Bredeck
Local Registrar.

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. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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