

REC'D NOV 16 1938

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

33635
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Central Hospital** Registered No. **8621**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **530 John Turner Smith** St. **Gerald, Missouri.**
(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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 14th, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 0 18

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. **U. S. Rural Mail Carrier**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Tennessee**

FATHER 13. NAME **J. K. Smith**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Coffee**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Joel T. Smith**
Gerald, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE **Gerald, Mo.** DATE **10-4-38**

19. FUNERAL DIRECTOR (NAME) **C. R. Lupton & Sons**
(ADDRESS) **7255 Delmar Blvd.**

20. FILED **OCT 3 1938** **J. Bredack**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 19, 1938** to **Oct. 2, 1938**

I last saw him alive on **Oct. 2, 1938** Death is said to have occurred on the date stated above, at **9:15 P.M.**

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

Uremia,

Date of onset
Sept. 28 1938

Other contributory causes of importance:

Prostatectomy, for adenoma non malignant
Name of operation **Prostatectomy,** Date of **6/29/38**
What test confirmed diagnosis? **N.P.N.** 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? **No**
If so, specify

(Signed) **O. P. ...** M. D.
(Address) **320 Metropolitan 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.

1234 600 3
June 7 - JUNE 5 1901
5705 Quincy + 6674 1/2
West
No. 1101
712-0430-6

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,

Clarence H. Murray

or by

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

Signed

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo.

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.