

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.

1938 DEC 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

137885  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. 770 Baptist Hos Registered No. 10212  
 (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

(a) Residence, No. 537 John J. Smith 5241 1/2 Adams Ave St. MO  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 7 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 8 16

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. Machanicist  
 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) St. Louis, Mo

FATHER 13. NAME Wm Smith

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

MOTHER 15. MAIDEN NAME Julia Unknown

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

17. INFORMANT (ADDRESS) Mrs Farrell  
5117 Over

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 11-26-38

19. FUNERAL DIRECTOR (ADDRESS) J. J. Sullivan  
2844 N. Euclid

20. FILED NOV 25 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24. 19 38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 19 38 to Nov 23 19 38

I last saw h. im alive on Nov. 23 19 38 Death is said to have occurred on the date stated above, at 1.23AM

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

Hemiplegia caused by hypertension

Date of onset NOV 21

Other contributory causes of importance:

Hypertension  
Pulmonary Oedema non tuberc. 11/23

cular no Pneumonia  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) Wm H. Wang M. D.  
 (Address) 2249 St. Louis ave

STATEMENT BY LICENSED EMBALMER

I, Albert Mayfield, Licensed Embalmer No. 3077  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Albert Mayfield  
Licensed Embalmer No. 3077

**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.)**