

JAN 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

41437
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 3618 McDonald 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

(a) Residence, No. 3618 McDonald St. 16
(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 (If in the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Grocer
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) Cincinnati, Ohio.

FATHER 13. NAME Perry Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Pennsylvania

MOTHER 15. MAIDEN NAME Martha Rutan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Gerturde Richardson
3618 McDonald

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Dec. 28, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED DEC 28 1938 J. B. Bredsch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1938, to Dec 26, 1938

I last saw him alive on Dec 26, 1938 Death is said

to have occurred on the date stated above, at 5:10 a.m.

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

Vraemia
1938

Other contributory causes of importance:

Nephritis
Bronchial ASTHMA
Myocarditis
1933

Name of operation None Date of
What test confirmed diagnosis Urine 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) Edw. Simpson, M. D.
(Address) 3729 Graham av.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X 1025

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,

Frank J. Thylaud Jr.

or by

Registered Apprentice No. working under my personal supervision.

Signed

Frank J. Thylaud Jr.

Licensed Embalmer No.

2675

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.