

REC'D FEB 10 1939

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

269

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. **3221a Bell Ave** St. **269**  
(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 **Levy Smiley**

(a) Residence, No. **3221a Bell Ave** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12 1888**

7. AGE YEARS **50** MONTHS **9** DAYS **24** IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Labor**  
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) **Pleasant Hill**  
(STATE OR COUNTRY) **Ala**

FATHER 13. NAME **Henry Smiley**  
14. BIRTHPLACE (CITY OR TOWN) **Pleasant Hill**  
(STATE OR COUNTRY) **Ala**

MOTHER 15. MAIDEN NAME **Adline**  
16. BIRTHPLACE (CITY OR TOWN) **Pleasant Hill**  
(STATE OR COUNTRY) **Ala**

17. INFORMANT **Mamie Smiley**  
(ADDRESS) **3221 Bell Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Jan 10, 1939**

19. FUNERAL DIRECTOR **Jess. H. Randle & Son**  
(ADDRESS) **3133 Bell Ave**

20. FILED **JAN 9 1939** **J. B. Budick** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 6th** 19 **39**

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 **8:50 PM**

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

**Chronic Myocarditis;**  
**Chronic Interstitial Nephritis**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify.....  
(Signed) **Alfred Perry**  
(Address) **Republic Corner**

STATEMENT BY LICENSED EMBALMER

I, S. Swanson, Licensed Embalmer No. 2698  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

~~\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.~~

Signed S. Swanson  
Licensed Embalmer No. 2698

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.)