

MAR 26 1939

L500 APR 7 1939

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

12406
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200 Registered No. 551
(c) City Jefferson Barracks (d) Street No. West 4th St.
(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.
Unkn.

2. PRINT FULL NAME Alfred D. Smith

(a) Residence, No. 4535 Cadet Avenue, Saint Louis st. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tobacco Worker
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) Potosi,
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME John Smith

14. BIRTHPLACE (CITY OR TOWN) -
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Sara Dugan

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

17. INFORMANT C. M. HUGHES WAF Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSoto, Mo. DATE Mar. 28, 1939

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave.

20. FILED MAR 26 1939
A. R. Meyers
Missouri

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1939, to March 25, 1939

I last saw him alive on March 25, 1939. Death is said

to have occurred on the date stated above, at 8:30 AM

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

Coronary sclerosis with myocardial degeneration.

Date of onset

Unkn.

General Arteriosclerosis.

Unkn.

Other contributory causes of importance: 9/13/c

Name of operation None Date of -
Autopsy find, physical manifi. What test confirmed diagnosis? - Was there an autopsy? YES

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) C. M. HUGHES, Chief Med. Off., M. D.

(Address) WAF., Jefferson Barracks, Mo.

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.....

Paul A. Keith

Licensed Embalmer No.

3612

P. O. Address.....

2317 Lafayette a

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.