

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

17313
Do not use this space.

DEAD JUN 12 1939

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791

(b) Township..... Primary Registration District No..... 1003 Registered No..... 4847

(c) City..... St. Louis (d) Street No..... 5861 Gates St.

(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 40 yrs. mos. ds.

2. PRINT FULL NAME..... Meyer Smith

(a) Residence, No..... 5795 Kingsbury St. 5 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... male

4. COLOR OR RACE..... white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)..... widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)..... (unk)

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

ab 83

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Mdse

9. Industry or business in which work was done, as saw mill, bank, etc. retired

10. Date deceased last worked at this occupation month and year..... 1938

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Wilna (STATE OR COUNTRY)..... Poland 7

FATHER

13. NAME..... Solomon Smith

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... Poland 7

MOTHER

15. MAIDEN NAME..... (unk) 7

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

17. INFORMANT..... Nathan Smith (ADDRESS)..... 6253 Gates

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... Chesed Shel Emeth DATE..... 5/29 1939

19. FUNERAL DIRECTOR (NAME)..... H. B. Berger (ADDRESS)..... 4715 McPherson

20. FILED..... MAY 29 1939 J. F. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... May 28 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15 1939 to May 28 1939

I last saw him alive on May 28 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Cerebral Apoplexy

Date of onset 4/15/39

Other contributory causes of importance:

Arteriosclerosis

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)..... Joe M. Orenstein M. D. (Address)..... 5300^a Easton Ave

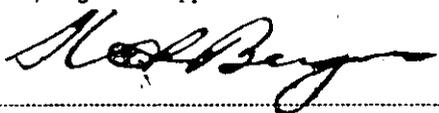
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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.....

..... H. I. Berger, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1597

P. O. Address.....

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.