

REC'D JUL 12 1939

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

791
1008

20176
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. 4227th St. Ferdinand 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.

2. PRINT FULL NAME William V. Smith

(a) Residence, No. 4227th St. Ferdinand St. 11 (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 <u>m.</u>	4. COLOR OR RACE <u>C.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Birdie Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1878</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>11</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Shipping clerk</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Wilton-Mary Ste</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
13. NAME <u>William Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis, Tenn.</u>		
15. MAIDEN NAME <u>Mary Vaughan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington City, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Birdie Smith, 4227th St. Ferdinand</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesleyan Camp</u> DATE <u>June 3, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. C. Gordon, 2649 Delmar Blvd.</u>		
20. FILED <u>JUN 3 1939</u> <u>J. B. Beedeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1929 to May 31 1939
I last saw him alive on May 31, 1939 Death is said to have occurred on the date stated above, at 8:10 PM
The principal cause of death and related causes of importance were as follows:
Tuberculosis
Heart disease
Date of onset unk

Other contributory causes of importance:
Chronic nephritis
Date of onset unk

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? no 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) S. E. Moore, M. D.
(Address) 809 N. Jefferson

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.

W. Claude Gordon
Registered Apprentice

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.....

W. Claude Gordon....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmar*

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.