DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24077

Registration District No. 791 — Rec'd Aug 17 1939 — 1003

Primary Registration District No.

Registrar's No. 6350

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4257w. Cote Brilliant (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4257w. Cote Brilliant (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME David R. Smith 530

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie B. Smith

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. (Month) 9 (Day) 1872 (Year)

8. AGE: Years 66 Months 9 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Bank Messenger 1

11. Industry or business 1

FATHER
12. Name David Smith
13. Birthplace Richmond (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Lucy Dyson
15. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)

16. (a) Informant's own signature Minnie B. Smith

(b) Address 4257w. Cote Brilliant

17. (a) Burialton Park (Burial, cremation, or removal) (b) Date thereof July 21 39 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) JUL 18 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1939 hour 10 pm minute — M.

21. I hereby certify that I attended the deceased from July 15, 1939, to July 17, 1939; that I last saw him alive on July 17, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cardiac Dilatation - acute	4 days
Due to Myocarditis chr	15 yrs
Mitral regurgitation	15 yrs +
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature J R Vaughan (M. D. or other)

Address 634 Mo Grand Date signed 7-18-39

(Licensed Embalmer's Statement on Reverse Side)

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.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

X19511

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

Joel Russell, Registered Apprentice No.

working under my personal supervision.

Signed Joel Russell

Licensed Embalmer No. 4112

P. O. Address 2732 Pine St.

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.