

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24203
Do not use this space.

REC'D AUG 11 1939
1. PLACE OF DEATH

791
1003

791
1003

(a) County / Registration District No.
 (b) Township Primary Registration District No. Registered No. 6476
 (c) City or St. Louis, Missouri (d) Street No. City Sanitarium St.
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Bessie Smith 530
 (a) Residence, No. 4237 No. Market St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Comodore Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 37 11 12

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) About 1933
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Starkesville
 (STATE OR COUNTRY) Mississippi

13. NAME Washington Johnson
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Mary Moody
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Mississippi

17. INFORMANT A. K. Busch, M.D.
 (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park 7-25-39

19. FUNERAL DIRECTOR (NAME) E. L. Garner
 (ADDRESS) 2829 Washington, Ave.

20. FILED JUL 24 1939 J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-39, 19
 22. I HEREBY CERTIFY, That I attended deceased from 7-1-38x, 19, to 7-21-39, 19.
 I last saw her alive on 7-21-39, 19. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
 7-1-38x
 Other contributory causes of importance: A/B

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) Anthony K. Busch, M. D.
 (Address) City Sanitarium

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Arthur Hilliard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Decker*

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.