9 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 22 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37128

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1963

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis Co. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether

In this community years, months or days)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood (If outside city or town limits, write "RURAL")

(d) Street No. 7275 Manchester (If rural, give location)

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

3. (a) PRINT FULL NAME Arch Smith 53

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Pearl Smith

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 20, 1880 (Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Stotts City, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name William Smith
13. Birthplace Stotts City, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Petty
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearl Smith

(b) Address 7275 Manchester

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) NOV 9 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1939 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-18-, 1938, to 11-8, 1939; that I last saw him alive on 11-8-, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	6 hrs.
Due to: Hypertension	?
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

23. Signature O S Jones MD (M. D. or other) MD

Address 3616 S. Bwdy Date signed 11-9-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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707 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4029

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.