DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4797

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1627

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Jennings, Mo. NR
(If outside city or town limits, write "RURAL")

(d) Street No. 2203 McLaran
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur Paul Smith

3. (b) If veteran, name war

3. (c) Social Security No. 488-09-0693

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Smith (Nee Schmidt)

6. (c) Age of ~~husband or~~ wife if alive 40 years

7. Birth date of deceased 12 (Month) 19 (Day) 1894 (Year)

8. AGE: Years 45 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Evansville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Ford Motor Inspector

11. Industry or business Ford Motor Car Co.

FATHER
12. Name John Lawrence Smith
13. Birthplace Evansville (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Kate O'Connor
15. Birthplace New York City (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Mrs. A. P. Smith
(b) Address 2203 McLaran Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) FEB 17 1940 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th year 1940 hour 5:20 P.M. minute M.

21. I hereby certify that I attended the deceased from Mch 15, 1938, to Feby 14, 1940, that I last saw him alive on Feby 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	2 yrs
Due to: Albuminuria	
Due to: Dropsy	
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 [illegible] (M. D. or other)
Address 4901 McPherson Date signed 2/16/40

(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.

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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 Howard F. Rowland

Licensed Embalmer No. 314

P. O. Address Ottawa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.