

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30186**  
Registrar's No. **2463**

Registration District No. **7911** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **.St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5812 Prescott Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 years** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **.St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5812 Prescott Street**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** **.Smiley Gotier**  
**3. (b) If veteran,** name war **MNo**  
**3. (c) Social Security** No. **492-05-1722**

**4. Sex** **Male** **5. Color or race** **Colored** **6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **not known** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **Not Known**  
(Month) (Day) (Year)

**8. AGE:** Years **About 59** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Russville Ky** (City, town, or county) (State or foreign country)

**10. Usual occupation** **Laborer**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **George Gotier**

**18. Birthplace** **Russville Ky.** (City, town, or county) (State or foreign country)

**14. Maiden name** **Lizzett Myers**

**15. Birthplace** **Russville Ky.** (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** **George Gotier Jr.**

**(b) Address** **3947 Cook Ave**

**17. (a) Shipped** (b) Date thereof **SEP 5 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Russville Ky.**

**18. (a) Signature of funeral director** **F. L. Beal Ind. Co.**

**(b) Address** **226 Lucas Ave.**

**19. (a) SEP 5 1940** (b) \_\_\_\_\_  
(Date received local registrar)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Sept** day **3rd**  
year **1940** hour **10:35** minute **A** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Coronary Arteriosclerosis**  
**Chronic Hypertension**  
**non specified**

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**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?** \_\_\_\_\_

**While at work?** \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

**23. Signature** **Joseph M. Lucas** (M. D. or other)

**Address** **Deputy Coroner** **Date signed** \_\_\_\_\_

**Duration**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically

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

*Purdie Beal Anderson*

Licensed Embalmer No.....

*2929*

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.