No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33493

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8190

FILED NOV 16 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 4721a EASTON AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 6

(c) City or town ST LOUIS. (If outside city or town limits, write "RURAL")

(d) Street No. 4721a EASTON AVE (If rural, give location)

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

3. (a) PRINT FULL NAME HENRY, JOHN, SMITH.

3. (b) If veteran, name war

3. (c) Social Security No. 489-10-0943

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ELLA SMITH.

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

7. Birth date of deceased AUG. (Month) 14TH (Day) 1887 (Year)

8. AGE: Years 53 Months 1 Days 16. If less than one day hr. min.

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

10. Usual occupation BERRY-~~WEIMEYER~~ WEHMILLER

11. Industry or business MACHINE SHOP CO. 0

FATHER
12. Name UNKNOWN 9
13. Birthplace " " " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " " " " 1
15. Birthplace " " " " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Smith

(b) Address 4215 Cleveland Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-2-1940 (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY ~~POPULAR BLUFF, MO~~

18. (a) Signature of funeral director L. Mullen Und Co.

(b) Address 5165 Delmar Blvd

19. (a) OCT 2 1940 (Date received local registrar) (b) J. F. Bradlick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 30th day year 1940 hour 6 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 29th, 1940, to Sept 30, 1940 that I last saw him alive on Sept 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage Alcoholism

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

75

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 C. S. O'Connor (M. D. or other) 1

Address 1316 A N Grand Date signed 9-30

(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 John J Fetter

Licensed Embalmer No. 3880

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, fact should be so stated above.