

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36830**
9103
Registrar's No.

Registration District No. **791 1**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
4308 Cottage Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Unavailable**
years, months or days)

REC'D DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Saint Louis,** //
(If outside city or town limits, write "RURAL")
(d) Street No. **4308 Cottage Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **2**,
year **1940** hour **4** minute **10 P. M.**
21. I hereby certify that I attended the deceased from **Sept 30, 1940**
_____, 19____, to **November 2,** 19**40**
that I last saw him alive on **November 2,** 19**40**
and that death occurred on the date and hour stated above.
Immediate cause of death **Myocarditis Chronic** Duration _____

8. (a) PRINT FULL NAME **Robert A. Smith**

8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mima Smith** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **October 19, 1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **Montgomery County, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Messenger**

11. Industry or business **City of Saint Louis,**

MOTHER FATHER { 12. Name **William Smith**
13. Birthplace **Montgomery Co., Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Hella - Unavailable**
15. Birthplace **Montgomery Co., Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edgar L. Johnson**
(b) Address **3822 Windsor Place**

17. (a) **Burial** (b) Date thereof **11/5/1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. J. Dallas**
(b) Address **4107 Finney Avenue**

19. (a) **NOV 5 1940** (b) **J. B. Brudick**
(Date received local registrar) (Registrar's signature)

Due to **urinary Carcinoma Bladder and Prostate** History **2 year**

Due to **Primary site base of urinary bladder**
Other conditions **Anal fistula**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Of operations **51**
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Wm. E. Rubenstein M.D.** (M.D. or other title) **11/4/1940**
Address **4114a Easton Avenue** Date signed

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

STATEMENT BY LICENSED EMBALMER

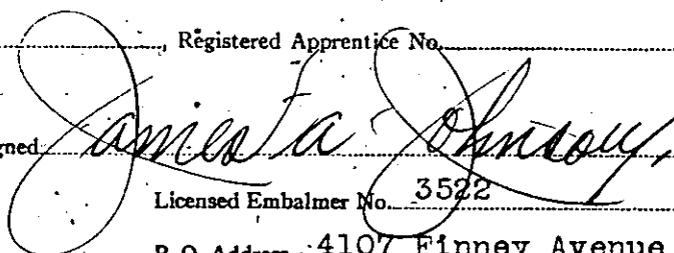
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.