S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No. _____

State File No. 40472

Registrar's No. 10243

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 4368 Delmar Bl. 2
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 19 (If outside city or town limits, write "RURAL")

(d) Street No. 4368 Delmar Bl. (If rural, give location)

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

3. (a) PRINT FULL NAME Dr. John H. Smithers

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna G. Smithers

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

7. Birth date of deceased May (Month) 2nd (Day) 1856 (Year)

8. AGE: Years 84 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Doctor

11. Industry or business John H. Smithers 9

FATHER
12. Name John H. Smithers 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Bob. Dukes
(b) Address 4421 Delmar Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4457 Washington Bl.

19. (a) DEC 13 1940 (Date received by local registrar) (b) J. H. Bueneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1940 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1940, 19__, to Dec 12, 1940 that I last saw him alive on Dec 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

Duration

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

23. Signature George Tankins (M. D. or other)
Address 7908 Delmar Date signed 12/14/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ries [illegible]

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 Letter

Licensed Embalmer No. 3880

P. O. Address.....

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.