

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

16676

FILED JUN 10 1942

Registration District No. 2931

Primary Registration District No. 1003

Registrar's No. 4719

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

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **6 days**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2910 S. 59th**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**
year **1942** hour **7** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **July 1940** to **May 29 1942**
that I last saw him alive on **May 28 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Infarction**
Nephritis
Due to..... } *more than 2 years*

Due to..... } *not known*
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
Enlarged heart, coronary artery atherosclerosis
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 **J. T. Warner, M.D.** (M. D. or other)
Address **Paul from 325 N. 1st St. St. Louis, Mo.** Date signed **May 29 1942**

3. (a) PRINT FULL NAME **Alexander Smith**

3. (b) If veteran, name war **Spanish Am.** 3. (c) Social Security No. **497-16-9250**

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

6. (b) Name of husband or wife **Emma Smith** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Feb. 17, 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **12** If less than one day hr. min.

9. Birthplace **London, England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Steel Worker**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Emma Smith**

(b) Address **2910 S. 59th**

17. (a) **Cremation** (b) Date thereof **6-1-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crem.**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester**

19. (a) **MAY 29 1942** (b) **J. T. Warner**
(Date received local registration) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

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*Dr. Robert Warner
Paul Brown Aldy*

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.....

J.P. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.