REC'D DEC 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39541
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson — Registration District No. 4715
(b) Township Meramec — Primary Registration District No. 4580 — Registered No. 11-92
(c) City ... (d) Street No. ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred — yrs. 7 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 Ferd Philip Smith
(a) Residence, No. St Joseph's Hill Infirmary St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cassie Byington Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/12/1854

7. AGE — YEARS: 84 | MONTHS: 10 | DAYS: 16 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States St. Francis County, Mo

FATHER
13. NAME William Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

MOTHER
15. MAIDEN NAME Eliza Zolman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT (ADDRESS) St. Joseph's Hill Infirmary by Brother Bonaventure, C.S.C.

18. BURIAL, CREMATION, OR REMOVAL St Francois Co. Mo. DATE 11/30/38

19. FUNERAL DIRECTOR (NAME) Alvin W Hood (ADDRESS) Flat River Mo

20. FILED 11/28/38 James A Tonrizen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938, to Nov. 27, 1938
I last saw h.e.m. alive on Nov. 27, 1938. Death is said to have occurred on the date stated above, at 10:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronco-pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Jesse L. Sargent, M. D.
(Address) Eureka, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
1 X14028

This body not embalmed when it left my district 1/6-38 James A [illegible] Registrar

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..

Licensed Embalmer No...

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.