

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

Do not use this space.

13761

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784 File No. \_\_\_\_\_  
 Township St. Ferdinand Primary Registration District No. 6030 Registered No. \_\_\_\_\_  
 City Anglum (No. Anglum Lambert St. Louis Air. St. Ward) \_\_\_\_\_

**2. FULL NAME**

Charles E. Smith  
 (a) Residence No. 1115 No. Diamond St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Singles

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ? 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Pilot  
 (b) General nature of industry, business, or establishment in which employed (or employer) Air-Mail  
 (c) Name of employer U.S. National Guard

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 4 - 1926

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 9:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

accidental death from a fall from a wrecked air plane

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Louis W. Bopp Coroner, M.D.  
4/5 - 1926 (Address) 131 Myrtle Blvd. Kirkwood, Mo.

\*State the DISEASE CAUSING DEATH (or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Fulton Kentucky April 7 1926  
 20. UMBERTAKER Louis W. Bopp ADDRESS Kirkwood, Mo.

14. INFORMANT Chas. A. Lindbergh  
 (Address) Lambert Field Anglum

15. FILED 4/7 1926 O. R. Schmidt REGISTRAR

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**NOTE.**—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement.

PHYSICIANS should state CAUSE OF DEATH is very important.

MAY 24 1926

Commonwealth of Kentucky.

County of Fulton.

Be it remembered that on this the 20th day of May- 1926, personally appeared before me, the undersigned, N.G Cooke, Notary Public in and for the said Jurisdiction Mrs. Mozelle Smith, in proper person, known to me personally to be such person, and being by me first duly sworn the truth to state, deposes and makes oath as follows:

That she is the widow of Charles Smith, deceased, and that she and the said Charles Smith were legally married, in Union City, Obion Co., Tennessee, on the 20th day of January, 1922, before and by a minister of the Gospel Eugene M. Mathis, under the authority of the laws of the State of Tennessee, and that she and her said Husband Charles Smith ever thereafterwards cohabited together as husband and wife until the death of the said Charles Smith, which event occurred on the April 4th- 1926, in or near the City of St. Louis, Mo, by reason of the falling of an Aero-plane, in which he was flying and in charge.

The affiant is advised that the coroner of the City of St. Louis, or County of St. Louis, State of Missouri, where the said Charles Smith lost his life issued a death certificate to the officials of the state of Missouri, showing the fact of the death of the said Charles Smith, by the means aforesaid and that, in the said Certificate, the said Coroner certified the fact to be, erroneously, that the said Charles Smith was an un-married man, at the time of his said death, which statement, if so made is un-true and error.

The affiant files and attaches hereto and herewith a certificate signed by the said Divine, Eugene M. Mathis, duly witnessed by two subscribing persons, as witnesses, and she says the said two subscribing witnesses were then and there, present in person, when the said marriage between the affiant and the said Charles Smith was solemnized.

The said Certificate was issued on the day and date of the said Marriage.

No divorce was ever granted or asked for from said Marriage, and no separation ever occurred between the affiant and the said Charles Smith and she is un-able to account for the error said to have been made by the said Coroner in Missouri, unless, he was wholly un-aware of the existence of the said marriage and assumed erroneously to believe that said Charles Smith was a single man at his death.

*Mozelle Terry Smith*

Subscribed and sworn to before me, the said N.G Cooke, at office, by Mrs. Mozelle (Terry) Smith, on this May 20th 1926.

My Commission expires on the 9 day of July 1929 Witness my official signature & seal, this May 20th- 1926.

*N.G Cooke*  
Notary Public Fulton, Co., Kentucky.

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 City Anglum (No. Anglum - Lambert St. Louis Air Port) Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1115 Hodgson St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mozelle Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Pilot  
 (b) General nature of industry, business, or establishment in which employed (or employer) Air mail  
 (c) Name of employer Mo Natl Guard

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ly 5

**PARENTS**  
 10. NAME OF FATHER \_\_\_\_\_  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT (Address) \_\_\_\_\_

15. FILED 5/26 1926 O W Schuck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 26

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental death from fall from a crashed airplane  
 CONTRIBUTORY (SECONDARY) Dr. West  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Lewis H. Rappo, M. D.  
 , 19 (Address)

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

**ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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S-13761