

REC'D APR 12 1939

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

8622  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
 (b) Township Mo. Primary Registration District No. 2 Registered No. 2387  
 (c) City Mo. (d) Street No. BETHESDA Hosp 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 Hazel Marie Smock  
 (a) Residence, No. Roadhouse Ill. St. NR (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 6 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Roadhouse Ill.

FATHER 13. NAME Vernon C. Smock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roadhouse Ill.

MOTHER 15. MAIDEN NAME Viola Emma

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roadhouse Ill.

17. INFORMANT (ADDRESS) Parents

18. BURIAL, CREMATION, OR REMOVAL PLACE ROADHOUSE, ILL DATE 3-15-1939

19. FUNERAL DIRECTOR (ADDRESS) REEVES FUNERAL HOME WINCHESTER ILL

20. FILED MAR 19 1939 J.P. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 - 1938 to Mar 13 1939

I last saw him alive on Mar 12 1939. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchopneumonia  
(Cause not known)

Date of onset about Sept 1938

Other contributory causes of importance:  
Acute Lobar Pneumonia May 4 39  
(Type not known)  
16424-

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

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) John Zahorsky, M. D.  
 (Address) 456 N. T. Agan

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *John Ketter*  
Licensed Embalmer No. **3880**

**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.)**