S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 12932

Registration District No. 791

Primary Registration District No.

Registrar's No. 3362

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: Lutheran Hospital 0
(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: 000

(a) State Missouri (b) County 1717

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

(d) Street No. 3119a Magnolia 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Smith

3. (b) If veteran, name war none

3. (c) Social Security No. 493-50-6312

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Smith

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 17 1878 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 30 If less than one day hr. min.

9. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian at

11. Industry or business Alhambra Grotto

FATHER
12. Name George Smith
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Unknown
15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Smith
(b) Address 3119a Magnolia Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director E. J. Schnur
(b) Address E.J.Schnur 3125 Lafayette

19. (a) APR 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 16 year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Suicide
(b) Date of occurrence 4/16/41
(c) Where did injury occur? St Louis (City or town) MO (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lutheran Hospital (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas H Collins (M. D. or other)
Address Deputy Coroner Date signed 4/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph B. Vollmer

Licensed Embalmer No. 4014

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, fact should be so stated above.