S. No. 2
—1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27022
6814

Registration District No. 791

FILED SEP 17 1941

Primary Registration District No.

Registrar's No.

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: City Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Wk. (Specify whether years, months or days)

In this community

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. 3638 Olive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jack R. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. 499-05-4370

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 1, 1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	1	19	hr. min.

9. Birthplace Stotts City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business

FATHER
12. Name Arch L. Smith
13. Birthplace Stotts City, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl Carver
15. Birthplace Phelps, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jaunita Smith
(b) Address 3638 Olive

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City, Mo.

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

19. (a) AUG 21 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1941 hour 12 minute 30 A. M.

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

Immediate cause of death Bilateral Lobar Pneumonia, Hemorrhage in Corpus Collosum and sub piamater, when he was knocked to the ground by a driverless automobile which had been started by being pushed by an automobile driven by one Noah Hawn at 3442 Lindell Boul. at 9:55 A.M. August 12th, 1941. ACCIDENT.

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) Accident
(b) Date of occurrence 8/12/1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 8/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1941

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.....H. C. 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.