

No. 2  
13-40  
17-39  
X23159

REGISTRATION DISTRICT NO. 744

PRIMARY REGISTRATION DISTRICT NO. 111

STATE FILE NO.

REGISTRAR'S NO. 1722

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Richmond Heights, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether)

In this community LIFE  
(years, months or days)

3. (a) PRINT FULL NAME KENNETH SMITH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 29 - 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name HUGH SMITH

13. Birthplace IKY.  
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE JONEY

15. Birthplace OMO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Smith

(b) Address 4632a Page Blvd.

17. (a) BURIAL (b) Date thereof 8-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director Bullen + Kelly

(b) Address 1416 N. Taylor apt

19. (a) AUG 18 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 4632A PAGE 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1941 hour 13 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 22, 1941, to Aug 16, 1941;  
that I last saw him alive on Aug 16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Hydrocephalus & Pathologic 6 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1570  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Roy A. Highsmith (M. D. or other) MD.

Address St. Marys Hospital Date signed Aug 18 1941

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

**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 *Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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.**