No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10429

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No.

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

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks 5 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town Ellington (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cyrus Arnold 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 Married

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October (Month) 13 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
56	56	2	14	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Issac Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Reed
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Norman S. Crow

(b) Address 4204 McPherson Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director White Undtky Co.

(b) Address Ironton, Missouri

19. (a) DEC 30 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month dec day 27 year 1941 hour minute 45 A.M.

21. I hereby certify that I attended the deceased from dec. 1, 1941 to dec. 27, 1941; that I last saw him alive on Dec 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of Foramen of Luschka & Magendie (LUSCHKA of MAGENDIE)

Due to Cardiovascular disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Obstruction of Vertebrae of brain

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 4952 Maryland Date signed 12/27/41

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1943

10429

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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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis Mo.

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.