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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16681

State File No. 4266

FILED MAY 28 1942 791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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17
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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. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether)

In this community _____
years, months or days

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. 5726 Raymond Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ROSEMARY SMITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased Feb 11 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|---|---|---|----------------------|
| 0 | 3 | 2 | _____ hr. _____ min. |
|---|---|---|----------------------|

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Russell Smith

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

14. Maiden name: Rosemary Wallace

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

16. (a) Informant Russell Smith
(b) Address 5726 Vernon Ave.

17. (a) Removal (b) Date thereof 5-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Panama, Ill

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) MAY 14 1942 (b) J. P. Predeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1942 hour 8:20 PM minute _____ M.

21. I hereby certify that I attended the deceased from 2 1/2 April 1942 to May 13th 1942

that I last saw her alive on May 13th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Splenomegaly

Due to ? Congenital Cystic Lung

Due to Emphysema + Infection

Other conditions Emphysema + Infection
(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 R. J. Bluffner (M. D. or other) _____
Address St. Louis Date signed _____

844 (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.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address.....

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.