S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

19085

State File No.

FILED JUN 15 1942

Registration District No. 184 Primary Registration District No. 202 Registrar's No. 1241

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Station Hospital, Jefferson Barracks, Mo. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five (5) days (Specify whether
In this community Forty-nine (49) days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Indiana (b) County Decatur 999

(c) City or town Decatur 120
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

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

If yes, name country X X X X X X X X X X X X X X

3. (a) PRINT FULL NAME SMITH, BRUCE E.

3. (b) If veteran, name war X X X X X X X X X

3. (c) Social Security No. X X X X X

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of XXXXX or wife XXX

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

7. Birth date of deceased February (Month) 16 (Day) 1908 (Year)

8. AGE: Years 34 Months 3 Days 18 If less than one day XX hr. XX min.

9. Birthplace Decatur (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Machine Operator

11. Industry or business --

FATHER
12. Name Melvin E. Smith
13. Birthplace XXXX (City, town, or county) XXXX (State or foreign country) 9

MOTHER
14. Maiden name XXXX XXXX
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Clinical Record Sgt-Show
(b) Address Station Hosp., Jefferson Barracks Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Wayne, Indiana

18. (a) Signature of funeral director C. Hoffmeister U.L.C.
(b) Address 7814 S. Broadway

19. (a) JUN 5- 1942 (Date received local registrar) (b) C. H. McGarron M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 4
year 1942 hour 8 minute 03 A M.

21. I hereby certify that I attended the deceased from May thirty-first (31), 1942 to June Fourth (4), 1942
that I last saw him alive on June Fourth (4th), 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchitis, acute, catarrhal bilateral. | |
| 2. Asthma, acute, Bronchial, cause XXXX undetermined | |
| 3. Myocardial insufficiency, cause XXXX undetermined. | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 106a | |
| Of autopsy Confirmed above. | |

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? Henry Sydow (e) Means of injury 0

23. Signature HENRY SYDOW, Captain (M. D. or other) M.D.
Address Station Hosp. Jefferson Bks, Mo. Date signed 6-4-42

(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 Linnie C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

**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.**