S. No. 2
M—9-1-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22331

State File No.

Registration District No. 184 JUL 9 1942

Primary Registration District No. 200

Registrar's No. 1473

96
0
6

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

1. PLACE OF DEATH

(a) County St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. June 20, 1942. (Specify whether
In this community Since 6/20/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 111 North 13th Street 0
(If rural, give location)

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

If yes, name country - 2

3. (a) PRINT FULL NAME Emile Smith

3. (b) If veteran, name war World War #1

3. (c) Social Security No. Yes - not remembered

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife -

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

7. Birth date of deceased December (Month) 5, (Day) 1892 (Year)

8. AGE: Years 49 Months 6 Days 27 If less than one day hr. min.

9. Birthplace East Carondelet, Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura (maiden name unkn.)
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullis
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director F. A. Green
(b) Address 29 Franklin Ave

19. (a) JUL 8 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd, year 1942 hour 7:45 minute p. M.

21. I hereby certify that I attended the deceased from June 20, 1942 to July 2, 1942 that I last saw him alive on July 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death RHEUMATIC HEART DISEASE, MITRAL VALVE DAMAGE, MYOCARDIAL DAMAGE	
Due to AND MYOCARDIAL INSUFFICIENCY.	Unknown
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	

92 b

Major findings:
Of operations No surgery.
Of autopsy No 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) -
(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? R. W. Good (e) Means of injury -

23. Signature R. W. GOOD, M.D., (M. D. or other)
Address Acting Chief Medical Officer. Date signed 7/3/42.

481
142
C 9

107

(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 [signature]

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.