S. No. 2
M—9-4-41
v. 5-17-39
I 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

42067

State File No. 8

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2752

FILED JAN 25 1943

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town ~~St. Louis County Hosp.~~ Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis County Hosp - F.O.A
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. #18 Clermont Lane
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

96
2
3

**3. (a) PRINT FULL NAME** Lorenzo Smith

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

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

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced 0 S

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

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

7. Birth date of deceased Jan. (Month) 20 (Day) 1925 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 17 | 11 | 3 | ..... hr. ..... min. |

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business .....

FATHER
12. Name James C. Smith
13. Birthplace Brown Co. (City, town, or county) Wis. 1 (State or foreign country)

MOTHER
14. Maiden name Georgianna Anderson
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant James C. Smith
(b) Address #18 Clermont Lane, Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Louis H Bopp, Inc
(b) Address Kirkwood, Mo.

19. (a) DEC 24 1942 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Dec. day 23
year 1942 hour 8:06 minute A M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...
that I last saw h..... alive on ..... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while riding a bicycle on a public highway.

Due to .....

Due to Subarachnoid hemorrhage; Lacerations of head, face and mouth; Aspirated blood in trachea, bronchi & lungs; Deep

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations laceration right thigh and comp. frac. r. femur.

Of autopsy Yes.

Duration 4 c. 25

170

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) Accident. 117

(b) Date of occurrence Dec. 23, 1942

(c) Where did injury occur? Lindbergh & Clermont Lane (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H Bopp (M.D. or other) 3

Address Kirkwood, Mo. 12/24/42 Date signed .....

(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 Louis H Bopp

Licensed Embalmer No. 921

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.**