. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

4789

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1980

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 11/14/42 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 477
(a) State Mississippi (b) County Chickasaw
(c) City or town Okolona
(If outside city or town limits, write "RURAL")
(d) Street No. Fleming Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Hyer William Smith
3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, divorced married
6. (b) Name of husband or wife Maggie Hopkins
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased March 15, 1892 (Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Meridian, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Retired locomotive engineer
11. Industry or business G. M. & O. R. R. Co.
MOTHER FATHER
12. Name Jeremiah Smith
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Lulu Kirkwood,
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Maggie Smith
(b) Address Okolona, Miss.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mobile, Ala.
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane.
19. (a) MAR 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1 year 1943 hour 1 minute 45 a.m.
21. I hereby certify that I attended the deceased from 11-14 1942 to 3-1 1943 that I last saw him alive on 2/28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gen. Carcinomatosis — Duration
Due to Carcinoma of left lung
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of 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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Hiny E Gen O (M. D. or other)
Address Mo. Pacific Hospital Date signed 3/1/43

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.....

Licensed Embalmer No. 1994

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.**