S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11550

State File No.

FILED APR 15 1943

Registration District No. 184

Primary Registration District No. 109

Registrar's No. 758

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7572 Comfort 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7572 Comfort 3
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Thomas E. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. 494-05-1360

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. 27, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	1	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Miles P. Smith
13. Birthplace Pendleton, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Rasmussen
15. Birthplace Copenhagen, Denmark 4
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie B. Love
(b) Address Bloomington, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-31-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Wellsville, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) 3-30-43 (Date received local registrar) (b) E. McGarran MT (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-27, 1943, to 3-28, 1943; that I last saw him alive on 3-28-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 year
Due to Hypertension (arterial)	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature T. R. Usher (M. D. or other) MO

Address 2816 Sullivan Ave. Date signed 3-29-43

(Licensed Embalmer's Statement on Reverse Side) Maplewood MO

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.