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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED JUN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20052

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5623

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: St Mary Infirmary 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): Life Time

In this community: Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0 09 1

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

(d) Street No.: 2816 Mill Street 17 (If rural, give location)

(e) Citizen of foreign country? 9 (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Walter Smith

3. (b) If veteran, name war: —

3. (c) Social Security No. 488-18-8219

4. Sex: Male 2

5. Color or race: Col

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

6. (b) Name of husband or wife: Martha Ann

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: June (Month) 2nd (Day) 1893 (Year)

8. AGE: Years: 50 | Months: 0 | Days: 13 | If less than one day: hr. min.

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

10. Usual occupation: Labor

11. Industry or business:

FATHER
12. Name: Alfred Smith
13. Birthplace: unk (City, town, or county) La (State or foreign country)

MOTHER
14. Maiden name: Mattie Taylor
15. Birthplace: unk (City, town, or county) La (State or foreign country)

16. (a) Informant: Jennie King
(b) Address: 1423 Webster ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: J H Randle & Son
(b) Address: 3133 Bell ave

19. (a) JUN 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 15 year: 1943 hour: 6 minute: 15 P 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: Ethylene gas Poisoning, Duration
Immediate rupture of Urethra, Contusion with hemorrhage bladder when he walked
Due to backward of a cold Torn wheel at work and fell against the of a Ford
Due to at Hill Relan Lumber Co. 6515 Page Blvd about 11.40 AM
Other conditions: June 8 1943.
(Include pregnancy within 3 months of death)
Died on Operating table

Major findings:
Of operations: Left Lg
Of autopsy: 1/2 Tr 8 / 1/2

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 000

(b) Date of occurrence: 6/8/43

(c) Where did injury occur? St Louis (City or town) (County) (State)

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

While at work? Yes (e) Means of injury: fall

23. Signature: Alfred Perry (M. D. or other)

Address: Deaconess Hosp Date signed: 6/16/43

(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 S. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Shoreline

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.