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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28513

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7080

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2115a DeKalb St.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No) 0

If yes, name country

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

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August (Month) 14. (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	20	hr. min.

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

10. Usual occupation Employed at City Hosp.

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Smith

(b) Address 2115a DeKalb St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 6 (Day) 43 (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker-Helderle Und. Co.

(b) Address 3634 Gravois Avenue

19. (a) AUG 5 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3.
year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from July 14, 1943 to August 3, 1943; that I last saw him alive on August 3, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic carcinoma c̄ metastases to the liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

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

23. Signature R. W. Blanchard M. D. or other M. D.

Address St. Louis City Hosp. Date signed 8/7/43

(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 Frank J. Myland

Licensed Embalmer No. 9645

P. O. Address St Louis Mo

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.