

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23105

FILED JUL 17 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 6224

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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:  
BARNES HOSPITAL  
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Tarrant  
(c) City or town Fort Worth  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1629 So Henderson Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Cedric Forrest Smithwick

3. (b) If veteran, name war None 3. (c) Social Security No. 444-12-6130

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evelyn Smithwick 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January 29 1902  
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lampasas Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Wool buyer

11. Industry or business \_\_\_\_\_

12. Name Jefferson Smithwick

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Donna Howard

15. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant T. J. Smithwick

(b) Address 2509 B. St. Brownwood, Texas

17. (a) Removal (b) Date thereof 7/9/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Temple's, Texas

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) J. F. Bredish (b) J. F. Bredish  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1943 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 5/28/43  
7 1943 to 7/8/43 1943;  
that I last saw him alive on 7/8/43 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess from Pneumonia Duration 6 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 11/43  
(Include pregnancy, within 3 months of death)

Major findings: Lung abscess

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 A. H. Hoppe (M. D. or other)

Address BARNES HOSPITAL Date signed 7/8/43

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

MOTHER FATHER

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 *Albert G. Hoff*.....  
Licensed Embalmer No..... *2971*.....  
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.