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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16776

Registrar's No. 4872

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: Firmin Desloge Hospital 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)

In this community

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 98
(If outside city or town limits, write "RURAL")

(d) Street No. 319 Antelope
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Smith, Robert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 14 (Day) 1927 (Year)

8. AGE: Years 17 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Leamon Smith
13. Birthplace Annapolis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Edna Sutton
15. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Leamon Smith

(b) Address 319 Antelope

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-44, (Month) (Day) (Year)

(c) Place: burial or cremation Mininum, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) MAY 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1944 hour 4:15 A.M. minute M.

21. I hereby certify that I attended the deceased from May 18, 19 44 to May 24, 19 44 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia due to	
a) Renal Rickets	1.5 Mo.
b) Bilateral Hydronephrosis	Since 1940
Due to c) Congenital Bladder neck obstruction	
d)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Same as above + body deformities

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 Wm. A. Tangeman M.D. (M. D. or other)

Address Firmin Desloge Hosp. Date signed 5-25-44

(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 G W Wilkinson

Licensed Embalmer No. 3575

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.