

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39814

State File No. _____
Registrar's No. 1061470

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution: MISSOURI BAPTIST HOSP
(d) Length of stay: 2 wks
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Wellsville
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME WARREN-SMITH
(b) If veteran, name war No (c) Social Security No. No
(d) Sex MALE (e) Color or race WHITE
(f) Name of husband or wife Maude Smith
(g) Birth date of deceased May 30 1875

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 4 year 1945 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from (many years) 19____ to Dec 4 1945
that I last saw him alive on 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 6 Day 14 If less than one day _____ hr. _____ min.
9. Birthplace Pike County Mo
10. Usual occupation Farmer

Immediate cause of death Lips Sarcoma of Great Omentum Duration _____
Due to _____
Due to _____
Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

MOTHER, FATHER
11. Industry or business _____
12. Name Green B Smith
13. Birthplace Iredon Co Mo
14. Maiden name Bredbeck Price
15. Birthplace Pike Co Missouri
16. (a) Informant Maude Smith
(b) Address Wellsville Mo
17. (a) Burial (b) Date thereof 12-8-45
(c) Place: burial or cremation Wellsville Mo
18. (a) Signature of funeral director Hudson Funeral Home
(b) Address Wellsville Mo
19. (a) DEC 7 1945 (b) J. F. Bredbeck

PHYSICIAN _____
Major findings: Lips Sarcoma
Of autopsy Great Omentum
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Hudson Funeral Home While at work? _____
Address Wellsville Mo (Specify type of place) _____
Date signed 12/7/45 (e) Means of injury _____

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.....

John Ketter

Licensed Embalmer No. *3680*

P. O. Address *Othmanis & 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.