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-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29079  
State File No.  
Registrar's No. 7413

FILED SEP 9 1946  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Pronounced dead at City Hosp. 1200 Walnut  
(d) Length of stay: In hospital or institution 1 year  
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County oao  
(c) City or town St. Louis (d) Street No. 3875 Washington Blvd.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Joseph J. Smith  
(b) If veteran, name war No  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 23 year 1946 hour 2 minute 20 P.M.  
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Stella Smith  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 11, 1904

Immediate cause of death: Fracture of skull. Description of brain when he lost his balance while washing windows in room # 1106 Jefferson Hotel 1215 Locust street and fell to the sidewalk below ground 2-20 P.M August 23 1946

8. AGE: Years 42 Months 1 Days 3  
If less than one day hr. min.

9. Birthplace Syracuse New York

10. Usual occupation Houseman

11. Industry or business Jefferson Hotel

12. Name John Smith  
13. Birthplace Poland

14. Maiden name Mary (unk)  
15. Birthplace Poland

16. (a) Informant Mrs. Stella Smith  
(b) Address 3875 Washington Ave.

17. (a) Burial (b) Date thereof 8/28/1946  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson Ave.

19. (a) AUG 27 1946 (b) Registrar's signature J. F. Bredbeck

Other conditions:  
Major findings:  
Of operations:  
Of autopsy:

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence August 23 1946  
(c) Where did injury occur? In room # 1106 Jefferson Hotel  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work

While at work? (Specify type of place) (c) Means of injury: Car  
23. Signature Thomas J. Callahan  
Address Carver Date signed 8-27-46

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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

*Quinn A. Rudung*

Licensed Embalmer No. 4229

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.**