

No. 300
10-48

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21709
Registrar's No. 4915

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

d. STREET ADDRESS (If rural, give location) 26 1/2, 3507 1/2 N. Broadway

3. NAME OF DECEASED
a. (First) Paul b. (Middle) W. c. (Last) Smock

4. DATE OF DEATH (Month) (Day) (Year) 6 5 1949

5. SEX M U W

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1-12-1929

9. AGE (In years last birthday) 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lara Packer

10b. KIND OF BUSINESS OR INDUSTRY Packing House

11. BIRTHPLACE (State or foreign country) St. Louis

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Smock

13b. MOTHER'S MAIDEN NAME Mary Neiman

14. NAME OF HUSBAND OR WIFE Henrietta (Keane) Smock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War #2

16. SOCIAL SECURITY NO. 500-24-5647

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marj Smock - 3508 1/2 N. 9th Rear

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain, self inflicted in the kitchen of the home at 3507 1/2 N. Broadway on June 5, 1949.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) at about 2:35 am
DUE TO (c) Suicide, while suffering from mental aberrations.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 1949.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES - NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 5 49 2:35 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? E 976X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] Deputy

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 6/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 8, 1949

24c. NAME OF CEMETERY OR CREMATORY National Cem. Eff. Co.

24d. LOCATION (City, town, or county) (State) St. Louis Mo, Mo

DATE REC'D BY LOCAL REG. JUN 6 1949 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw. Koch + Son - 3516 N. 14th

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

Print

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *Ronald O. Yahrke*

Signed.....
Student Embalmer

Licensed Embalmer No. *30917*

P. O. Address *St Louis*

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.