

Registration District No. 399

Primary Registration District No. 1007

Registrar's No. 4570

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Cre.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 hours  
 In this community 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
 (c) City or town A.C.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 509 Walnut  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 68 years

3. (a) PRINT FULL NAME Walter Schmieder Smith

3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan 21 1872  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Matoon Ill.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business none

12. Name unknown

18. Birthplace unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Smith

(b) Address 3909 W. Pine Blvd. St. Louis, Mo

17. (a) burial (b) Date thereof 11-28-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenland Cemetery

18. (a) Signature of funeral director R. Tegen

(b) Address 2738 S. Forest

19. (a) Nov 30, 1939 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-25-39 Day 25 hour 11:30 M.

21. I hereby certify that I attended the deceased from 11:30 to 11:30 that last day he/she was alive on 11-25-39 and that death occurred on the date and hour stated above.

Immediate cause of death Sacral Fracture + Hemorrhage of Brain

Due to Fracture of the Skull

Due to fall from work

Other conditions 186 lbs  
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-25-39

(c) Where did injury occur? at home  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
while working 4  
 (Specify type of place) (e) Means of injury fall from roof

28. Signature Paul Smith (M. D. or other)

Address St. Louis Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

*Francis Walter*

Registered Apprentice No. ~~2974~~

working under my personal supervision.

Signed.....

*Francis Walter*  
*By J. A. Ingram*

Licensed Embalmer No. 2744

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, above space should be left blank.