

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42032  
Registrar's No. 11155

Registration District No. 1003 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1003  
(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:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME CHARLES S. SMITH 530  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Unknown  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased April 24 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 8 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt. Olive Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Fireman  
11. Industry or business Coal Mine  
12. Name Sam Smith  
13. Birthplace Panama Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Croxton  
15. Birthplace Sorento Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theresa Smith  
(b) Address Staunton, Ill.  
17. (a) Removal (b) Date thereof 12/29/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Gillespie, Ill.  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.  
19. (a) DEC 28 1939 (b) J. D. Braddock  
(Date received at local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town Staunton N.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 419 North Hibbard  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1939 hour 12 minute 20 P.M.  
21. I hereby certify that I attended the deceased from  
December 27, 1939 to December 27, 1939,  
that I last saw him alive on December 27, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Subarachnoid +  
subdural hemorrhage  
Due to Aneurysm of vertebral  
artery  
Due to \_\_\_\_\_  
Other conditions Severe Emphysema  
(Include pregnancy within 3 months of death)  
Non tubercular  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Gross blood subdural +  
subarachnoid space

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
28. Signature Dr. J. D. Braddock (M. D. or other)  
Address BARNES HOSPITAL Date signed 12/27/39

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.

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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 Albert H. Hoyle

Licensed Embalmer No. 186W

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.**