

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

Rev. 6-17-39

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44708
Registrar's No. 2274

Registration District No. 784 Primary Registration District No. 116

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park 2
(c) Name of hospital or institution:
Entire & Vandover Rds.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Valley Park
(d) Street No. Rural
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Bowden Smartt 563
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 23
year 1939 hour 12 minute 00 M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased April 27 1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
28 7 26 hr. _____ min.

Immediate cause of death Auto Truck Accident while riding as a passenger on an auto-truck due to which mentioned on public highway
Duration _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Chickasaw Wood Products
12. Name Wiley Smartt
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Wanner
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

Major findings: Of operations 2/0m
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Lorene Smartt
(b) Address Valley Park, Mo
17. (a) Removal (b) Date thereof 12-23-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hollinsville, Tenn
18. (a) Signature of funeral director Louis J. Hoff
(b) Address Valley Park, Mo
19. (a) DEC 23 1939 (b) L. R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec 23 1939
(c) Where did injury occur? Valley Park (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? No (Specify type of place) (e) Means of injury Auto Truck
23. Signature John O'Donnell (M. D. or other) _____
Address Louisiana Springs Co. Date signed 12/23/39

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.....

Louis H Bopp....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Louis H Bopp*.....
Licensed Embalmer No. *921*.....
P. O. Address *Hickwood*.....

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.