

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16669

FD JUN 15 1940 791

State File No. _____

Primary Registration District No. 1003

Registrar's No. 4147

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mission Baptist
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County _____
(c) City or town Cobden NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME GREEKY, Thomas Smith

3. (b) If veteran, name war No. 8. (c) Social Security No. No.

4. Sex M. 5. Color or race W 6. (a) Single, widowed, divorced, MARRIED

6. (b) Name of husband or wife SARAH BEASLY SMITH 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased NOVEMBER 5 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 1 If less than one day hr. _____ min. _____

9. Birthplace WIAFUS Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name GILES SMITH

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name HANNAH EMERY

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Smith
(b) Address Cobden Ill.

17. (a) COBDEN (b) Date thereof MAY 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cobden Illinois

18. (a) Signature of funeral director Walter Broadway
(b) MAY 8 1940
(Date received local registrar) (c) J. F. Brudick
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8
year 1940 hour 5 minute 40 A.M.

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.

Immediate cause of death Internal Hemorrhage from duodenal ulcer whether induced or not
Due to fall from haystack near Cobden Ill. Feb 18 1940
Due to could not be determined

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1176

Of autopsy _____

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) Open Verdict

(b) Date of occurrence Feb 18 1940

(c) Where did injury occur? Cobden Ill.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm

(e) Means of injury fall
While at work? yes (Specify type of place)
23. Signature Joseph M. ... (M. D. or other)
Address ... Date signed 5

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 _____

John Hetter

Licensed Embalmer No. 3880

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.