S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30530

State File No. 7807

Registration District No. 7910 OCT 25 1940

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(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: ~~NONE~~ 907 N. Taylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 30 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS 11
(If outside city or town limits write "RURAL")

(d) Street No. 907 A N. TAYLOR AVE
(If rural give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHAUNCEY SMITH

3. (b) If veteran, name war WORLD'S WAR

3. (c) Social Security No.

4. Sex MALE

5. Color or race COL

6. (a) ~~Single~~, ~~widowed~~, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife BESSIE

6. (c) Age of ~~husband~~ or wife if alive 50 years

7. Birth date of deceased 2 (Month) 13 (Day) 1896 (Year)

8. AGE: Years 44 Months 7 Days 3 If less than one day hr. min.

9. Birthplace VALLIE'S MINES, Mo (City, town, or county) (State or foreign country)

10. Usual occupation CHAUFFEOR

11. Industry or business

FATHER
12. Name KING D. SMITH
13. Birthplace TRENTON KY. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANGELI MURPHY
15. Birthplace VALLIE'S MINES, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Billie Bessie Smith
(b) Address 907A N. TAYLOR AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Poe
(b) Address 3103 Washington

19. (a) SEP 19 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th year 1940 hour 5 25 ~~P.M.~~ minute A. M.

21. I hereby certify that I attended the deceased from Sept 16 at 5:25 AM 1940 to Sept. 16 1940 that I ~~last~~ never saw him alive on Sept 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of Thoracic aorta, Rupture of — Duration 7.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations See Barnes Hospital record Aug, 1940

~~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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Keith S. Wilson (M. D. or other)

Address 4952 Maryland Date signed 9/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 3103 Washington

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.