

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32968

Registration District No. 755

Primary Registration District No. 5796c

Registrar's No.

1. PLACE OF DEATH:

(a) County ST CHARLES  
(b) City or town FEMME OSAGE MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
B.F. SIEFKER FARM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
In this community 1 DAY (Specify whether years, months or days)

3. (a) PRINT FULL NAME STEVE J SMITH

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUBY SMITH 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased FEB 8 1899  
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 21 If less than one day hr. 6 min.

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

10. Usual occupation GARDNER

11. Industry or business 9

MOTHER FATHER { 12. Name ALEXANDER SMITH  
13. Birthplace GERMANY  
(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 Ruby Smith

(b) Address 500 S WARSON

17. (a) Burial (b) Date thereof 10-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ev St Pauls Ch

18. (a) Signature of funeral director Baumman Brothers

(b) Address 2524 Woodson

19. (a) 9/30/40 (b) Alvin Day  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS  
(c) City or town LADUE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 S WARSON  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 38 years.

20. DATE OF DEATH: Month Sept. day 29  
year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from held inquest to Sept. 29-40  
that I last saw him alive on Sept. 29-40  
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of 12 gauge shotgun  
Due to Destroying Face  
accidentally self inflicted  
Due to "Hunting Accident"  
Other conditions 184  
(Include pregnancy within 3 months of death)

Major findings: Of operations CA  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Sept 29 1940  
(c) Where did injury occur? Schlesburg mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Upon farm

23. Signature Alvin Day (M. D. or other) Alvin Day  
Address St. Charles, Mo. Date signed Sept 29 40

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

**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 Carl F. Killeman

Licensed Embalmer No. 3501

P. O. Address Oakland, Ca

**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.**