

No. 2  
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7-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

REC'D DEC 7 1940  
MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39723

State File No.

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2092

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
319 Santa Ave  
(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 38-7-15 2

8. (a) PRINT FULL NAME Henry Smallwood

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 488-02-9005

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Celestine Smallwood 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March 19, 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business 0

12. Name Henry Smallwood

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

14. Maiden name Paula Ruffo

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

16. (a) Informant Celestine Smallwood

(b) Address 319 Santa Ave

17. (a) Burial (b) Date thereof 11/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father's Union Cemetery

18. (a) Signature of funeral director J. H. Newkirk  
(b) Address 408 S. Kirkwood

19. (a) NOV 7 1940 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Kirkwood, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 319 Santa  
0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? since 1902 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1940 hour 3 minute 45 AM/PM AM

21. I hereby certify that I attended the deceased from 11/4 hr 1940, to 11/4th 1940;  
that I last saw him alive on 11/4 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations none

Of autopsy no

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? road  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work none (Specify type of place) (e) Means of injury road

23. Signature E. J. Donnelley (M. D. or other) \_\_\_\_\_  
Address 229 E. Washburn Ave Date signed 11/6/40

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

MOTHER FATHER

**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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *A.C. Howes*.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812 Thomas, S. Hou*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**