

No. 2  
1-4-41  
1-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19835**  
Registrar's No. **4647**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **BARNES HOSPITAL**  
(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 **Missouri** (b) County **St. Louis**  
(c) City or town **East Prairei**  
(If outside city or town limits, write "RURAL" \_\_\_\_\_)  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Burt Smith**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **491-14-6175**

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

6. (b) Name of husband or wife **Beatrice** 6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **10-19-1904**  
(Month) (Day) (Year)

8. AGE: Years **36** Months **7** Days **12** If less than one day hr. min.

9. Birthplace **Miss. Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Lumber Mills**

12. Name **James Smith**

13. Birthplace **Lebanon Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie Brest**

15. Birthplace **Lebanon Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Beatrice Smith**  
(b) Address **East Prairei, Mo.**

17. (a) **Removal** (b) Date thereof **6/4/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **East Prairei, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Ave.**

19. (a) **June 3 1941** (b) **J. H. Bredesh**  
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1** year **1941** hour **12** minute **30** PM.

21. I hereby certify that I attended the deceased from **May 27, 1941** to **June 1, 1941** that I last saw him alive on **June 1, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration **3 days**

Due to **Post operative shock**

Due to **Brain tumor - meningioma**

Other conditions (include pregnancy within 3 months of death) **56**

Major findings: Of operations **Meningioma of frontal lobe**

Of autopsy **Broncho pneumonia, gross**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **8**

23. Signature **J. H. Bredesh** (M. D. or other) \_\_\_\_\_

Address **BARNES HOSPITAL** Date signed **6-2-41**

**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 *J. W. Pembrey*  
Licensed Embalmer No. *3653*  
P. O. Address *St Louis Mo*

**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, fact should be so stated above.**