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FILED JUL 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19889

State File No. ....

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4701

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: Deaconess  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)  
In this community 9 years

3. (a) PRINT FULL NAME Wm. T. Smith

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

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

6. (b) Name of husband or wife Hannah Smith 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 29 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Carpenter Contractor

11. Industry or business \_\_\_\_\_

12. Name W. T. Smith Mo

13. Birthplace Pulaski Co. Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wallis

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

16. (a) Informant Hannah Smith  
(b) Address 1328 Drayton

17. (a) Burial (b) Date thereof June 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Church Yard

18. (a) Signature of funeral director Mittelberg Fun. Home  
(b) Address Webster Groves, Mo.

19. (a) JUN 5 1941 (b) J. N. Biedrich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Webster Groves Map 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1328 Drayton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th.  
year 1941 hour 10 minute 55 a.m.

21. I hereby certify that I attended the deceased from Jan. 2, 1938  
\_\_\_\_\_, 19\_\_\_\_, to June 4, 1941;  
that I last saw him alive on June 4, 1941, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary thrombosis 3 wks.

Due to Chronic myocarditis 3 yrs

Other conditions none  
(Include pregnancy within 9 months of death)

Major findings: Of operations none Of autopsy none  
PHYSICIAN [Signature]  
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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 45235 Kulschky Date signed 6/4/41

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

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**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..... *Gay W Wilkinson*

Licensed Embalmer No..... *3575*

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, fact should be so stated above.**