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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
21 1941
FILED JUL 21 1941
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20514
State File No. 5326
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2353 So. 11th. St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT Albert Smith
FULL NAME
3. (b) If veteran, name war. Unknown
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Jennie Belle
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 27 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 0 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER
12. Name Alexander Smith
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Moore
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Renner
(b) Address 2353 So. 11th. St.

17. (a) Removal (b) Date thereof 6/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUN 27 1941 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 10:00 A.M. minute..... M.
21. I hereby certify that I attended the deceased from June
24 1941 to June 27 1941
that I last saw him alive on June 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Strangled vaginal
hernia, with gangrene of
ileum and peritonitis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
177 ad

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 J. E. Von Kaniel (M. D. or other) 0
Address 1515 Lafayette Date signed 6/27/41

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.....

J. C. M. B. Sibley

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.