

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22802  
Registrar's No. 1320

Registration District No. 784 Primary Registration District No. 200

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4449 Swan Avenue (If rural, give location) 9  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Thomas John Smith  
3. (b) If veteran, name war None 3. (c) Social Security No. 497-07-8582

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 22 year 1941 hour 5:30 minute P M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

4. Sex Male (1) 5. Color or race W 6. (a) Single, widowed, married, divorced. M  
6. (b) Name of husband or wife Elwanda 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased May 4, 1915  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death Accidentally drowned in Meramec River. Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
26 1 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 183-3  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0  
10. Usual occupation Painter  
11. Industry or business Herman Body Company

MOTHER FATHER { 12. Name Thomas John Smith  
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Elwanda Smith  
(b) Address 4449 Swan Avenue  
17. (a) Burial (b) Date thereof 6/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident.  
(b) Date of occurrence June 22, 1941  
(c) Where did injury occur? Bonhomme Twp. (City or town) (County) (State) 096  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Louis H. Bopp (M. D. or other) 3  
Address Kirkwood, Mo. Date signed 6/24/41

18. (a) Signature of funeral director. A. W. McLaughlin  
(b) Address 2301 Lafayette Avenue  
19. (a) JUN 24 1941 (b) L. H. Meyer, M.D. (Date received local registrar) (Registrar's signature)

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 John M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Yorkwood

**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.**