

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26548**
Registrar's No. **6340**

REG SEP 17 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St Louis**
(b) City or town **St Louis**
(c) Name of hospital or institution
4034 Bates Str
(d) Length of stay: In hospital or institution **1**
In this community **1** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **0000**
(c) City or town **St Louis**
(d) Street No **4034 Bates**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Arthur R Smith**
(b) If veteran, name war **no**
3. (c) Social Security No. **188-07-9439**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31st** year **1941** hour **10:00** minute **P.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Elizabeth Schillhouse** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Dec 26 - 1889**
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Year **51** Months **7** Days **5** If less than one day _____ hr. _____ min.

Coronary Occlusion
Coronary Sclerosis
Due to **Cardiac Hypertrophy**
Due to _____

9. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Salesman**

11. Industry or business **Sewing Machines**
12. Name **Unkuoren**
13. Birthplace **Unkuoren**
14. Maiden name **Unkuoren**
15. Birthplace **Unkuoren**

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? _____

16. (a) Informant **Elizabeth Smith**
(b) Address **4034 Bates St**
17. (a) **Burial** (b) Date thereof **8/4/41**
(c) Place: burial or cremation **New St Marcus**

23. Signature **Thomas H Callow** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **8/1/41**

18. (a) Signature of funeral director **Thomas H Heidemann**
(b) Address **2703 Broadway**
19. (a) **AUG - 2 1941** (b) **J. T. Bredek**

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert G. Hoffa*
Licensed Embalmer No. *2991*
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.