

No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26836**

Registration District No. **741**

Primary Registration District No. **1003**

Registrar's No. **6628**

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:
St. Lukes' 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 _____ (Specify whether
years, months or days)

8. (a) PRINT FULL NAME HAROLD R. SMALL.

8. (b) If veteran, name war unknown 8. (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 Edna RAMSAY SMALL. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 19, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	5	23	hr. _____ min.

9. Birthplace DECATUR, ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation ATTORNEY

11. Industry or business Carter & Small.

MOTHER FATHER

12. Name Archibald Robertson Small

13. Birthplace Washington County, New York
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Railey.

15. Birthplace Marissa, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant David R. Small.
(b) Address 5414 Maple, Ave.,

17. (a) Burial (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Illinois.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) AUG 14 1941 (b) [Signature]
(Date received in Registrar's Office) (Registrar's signature)

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. 5414 Maple, Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1941 hour 11 minute 45 AM.

21. I hereby certify that I attended the deceased from Aug 10th 1941 to Aug 12 1941
that I last saw him alive on Aug 12th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Myocarditis - Acute
Due to Contagious factors 4 days
Acute Intestinal Infection
Due to Perforation of Lung

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Above - 1/1/41

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

23. Signature Frank D. Gordon (M. D. or other) D
Address 4500. Alvin Date signed 8/12/41

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

DR. FRANK D. CORHAM.
4500 OLIVE, ST.
FO-3800
HRS.-10 to 12 A.M.

P.M. by appointment

DEC 7 1943

DEC 1 1943

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

Bradford A. Miles

Licensed Embalmer No.

2901

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, above space should be left blank.