. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36870

State File No. 9100

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: Peoples Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 16 years approx
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Carson Rd & Moline Bridge
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

NR 96 0 0 1

3. (a) PRINT FULL NAME O.K. SMITH

3. (b) If veteran, name war

3. (c) Social Security No. 497031909

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maggie Smith

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 4, 1888
(Month) (Day) (Year)

8. AGE: Years 53 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Meridian (City, town, or county) Miss (State or foreign country)

10. Usual occupation porter

11. Industry or business Florist

FATHER
12. Name George Smith
13. Birthplace Lauderdale Co. (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Amkey Robinson
15. Birthplace Meridian (City, town, or county) Miss (State or foreign country)

16. (a) Informant Maggie Smith
(b) Address Carson Rd., Kinloch

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros
(b) Address Kinloch Mo.

19. (a) NOV 17 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 13
year 1941 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from Nov-6 1941, to Nov - 9, 1941;
that I last saw him alive on Nov - 9 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jas. A. Rainey (M. D. or other) M.D.
Address S. Kinloch Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.