

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23132
6443
Registrar's No.

Registration District No. 791
Primary Registration District No. 1003

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 999
(c) City or town East St. Louis NR 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. 610 Commercial Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ROBERT SMITH
(b) If veteran, name war No
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1942 hour 11 minute 17 M.
21. I hereby certify that I attended the deceased from June 15
1942 to July 29, 1942
that I last saw him alive on July 27, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased: Jan 30 1866
(Month) (Day) (Year)

Immediate cause of death: Broncho-pneumonia Duration 1 week
Due to: Prostatism 1 year

8. AGE: Years 76 Months 5 Days 29
If less than one day hr. min.

Other conditions: 107
(Include pregnancy within 3 months of death)
Major findings: 107
Of operations: 107
Of autopsy: 107
PHYSICIAN: [Signature]
Underline the cause to which death should be charged statistically.

9. Birthplace AVA ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation CAR REPAIRMAN
11. Industry or business STEAM RAILWAY
12. Name THOMAS SMITH
13. Birthplace UNKNOWN INDIANA
(City, town or county) (State or foreign country)
14. Maiden name EMMENTHA BUTCHER
15. Birthplace UNKNOWN MO
(City, town or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant Mrs. Rouchalt
(b) Address 609 Commercial Ave
17. (a) East St. Louis (b) Date thereof July 29 1942
(Basic, removal, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation East St. Louis, Ill
18. (a) Signature of funeral director Henry Robins
(b) Address 417 N 85 St St. Louis, Mo
19. (a) Aug 30 1942 (b) J. F. Bedeck
(Date recorded for filing) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence 7-29-42
(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) (e) Means of injury [Signature]
23. Signature W. H. West (Ink)
Address Murphy Bldg - East St. Louis, Ill Date signed

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 *me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ben. H. Baldwin

Licensed Embalmer No.

2420

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.