

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10270

State File No.

Registrar's No.

229

FILED MAR 27 1943  
Registration District No. 2083Primary Registration District No. 5766

## 1. PLACE OF DEATH:

(a) County GREENE  
 (b) City or town Springfield Rural of Campbell  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
MEDICAL CENTER FOR FEDERAL PRISONERS 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Mos., 25 Days  
 In this community 2 Months, 25 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME SMITH, Ray W. F.3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Anna Summerdon Smith 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased April 1, 1883  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
59 11 14 hr. min.9. Birthplace Collinsville Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business

12. Name George Poke Schmitt (Verified by Records)13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Lura Gunn15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Record(b) Address MCFP17. (a) Removal (b) Date thereof Mar 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East St Louis, Illinois18. (a) Signature of funeral director Fred C. Thieme(b) Address Springfield, Mo.19. (a) 3-16-43 (b) E. W. Green  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Saint Clair  
 (c) City or town East St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 426 North 7th street.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 2

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1943 hour 4 minute 20 P.M.21. I hereby certify that I attended the deceased from December 18, 1942 to March 15, 1943that I last saw him alive on March 15, 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia Duration 1 DayDue to Coma 1 DayDue to poisoning, type unknown 1 Day

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1628  
(Specify type of place)Of autopsy bronchopneumonia

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide(b) Date of occurrence March 15, 1943(c) Where did injury occur Springfield (Greene) Mo.  
(City, town) (County) (State)(d) Did injury occur in or about home, on bus, in industrial place, in public place?  
Federal HoopWhile at work? Yes (Specify type of place) Means of injury Poisoning23. Signature E. W. Green (M. D. XXXX)Address MCFP Acting Clinical Date signed 3-16-43

(Licensed Embalmer's Statement on Reverse Side)

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

984

MAR 26 1963

SEP 2 1963

**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.....

Licensed Embalmer No.....

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.**

X