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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12813
Registrar's No. 3233

APR 19 1943
318
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1123 a. N. Union (If rural, give location) 5
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ronald Adolph R. Smith
(b) If veteran, _____ (c) Social Security
name war _____ No. 490-05-1231

4. Sex MALE 5. Color or Race W.
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased DEC. 30 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 3 3 hr. min.

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

10. Usual occupation Credit Manager

11. Industry or business _____

MOTHER FATHER { 12. Name Batthuer Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Emma Langston
(b) Address 1123 a. N. Union

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director Ziegenbein Bros
(b) Address 6409 Blavois

19. (a) APR 6 1943 (b) J. D. Rudock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3
year 1943 hour 8:25 minute A. M.
21. I hereby certify that I attended the deceased from March
16, 1943 to April 3, 1943
that I last saw him alive on April 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cellulitis of Rt. Thigh
Due to Z. D.
Due to _____
Other conditions Tuberc. dorsalis,
(Include pregnancy within 3 months of death)
Charcot's joint Rt. Knee.
Major findings: _____
Of operations _____
Of autopsy _____
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 G. Hines (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 4/3/43

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 W. Morris

Licensed Embalmer No. 3360

P. O. Address. 6409 Charo's

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.