. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16610

State File No. 4425

Registration District No. 318 MAY 19 1943

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96 13

(c) City or town Overland (If outside city or town limits, write "RURAL") NR.

(d) Street No. 2101 Gray (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bernice Smith

3. (b) If veteran, name war nO

3. (c) Social Security No. 498-14-4772

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Roy L. Smith

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov. 3, 1915 (Month) (Day) (Year)

8. AGE: Years 27 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Rivet checker

11. Industry or business Curtis-Wright

FATHER
12. Name Leslie Harris
13. Birthplace Edgar Springs, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Edgar Springs, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Roy L. Smith

(b) Address Overland, Missouri

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 5-12-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Arnett Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAY 12 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~June~~ MAY day 9 year 1943 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 29, 1943, to MAY, 19 ; that I last saw her alive on May 8, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Appendicitis	4/24/43
Due to: Acute pyosalpingitis, bilateral	4/24/43
Due to: Septicaemia	5/8/43
Other conditions (Include pregnancy within 3 months of death): Stated that she aborted on 3/1/43 - Not a contributory cause	3/1/43

Major findings: Of operations: Pyosalpingitis, bilaterally. Acute appendicitis.

Of autopsy: none. Dr says only a statement form released

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 John O'Connell D (M. D. ~~or other~~)

Address Overland Mo Date signed 5/10/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1943

JUN 18 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 W. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.