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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16613

State File No.

FILED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4761

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

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Scullin Steel 3 6700 Manchester
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 ½ months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 12
(c) City or town St Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 N Leffingwell Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elder James Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col, 2

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 21st (Month) (Day) 1891 (Year)

8. AGE: Years 51 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Moulder

11. Industry or business Scullin Steel

FATHER
12. Name Jack H Smith
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Amanda Bass
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jessie Smith
(b) Address 1310 N Leffingwell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) MAY 24 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19th year 1943 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion; Coronary Sclerosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 5-20-43

(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~~ L Boyk

....., Registered Apprentice No. M/

working under my personal supervision.

Signed Lonnie Boyk

Licensed Embalmer No. 294

P. O. Address St Louis M

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.