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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19120/

State File No. 2

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 1228

1. PLACE OF DEATH:

(a) County St. Louis Co.

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

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 5 months 8 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 11

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5220-a Page
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Claude SMITH

3. (b) If veteran, name war

3. (c) Social Security No. 493-09-5080

4. Sex Male

5. Color or race white

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

6. (b) Name of ~~husband or~~ wife Minnie SMITH

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

7. Birth date of deceased 8-3-1901 (Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Poplar Bluff, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Metal finisher

11. Industry or business automobile

FATHER
12. Name Wilson SMITH
13. Birthplace Carmi, Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie WORBINGTON
15. Birthplace Butler Co, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Patient

(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation Ship Poplar Bluff, Mo

18. (a) Signature of funeral director H. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) MAY 25 1943 (Date received local registrar) (b) E. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 0 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-16-, 1941, to 5-23-, 1943; that I last saw him alive on 5-23-43, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolus	
Due to 11 days after right thoracoplasty	
Due to	
Other conditions Pulmonary tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13 PM

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 Axel Gronau (M. D. or other)

Address Koch Hospital Date signed 5/23/43

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.