S. No. 2
M—2-43
5-17-39
I X35697

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

State File No. 20045

FILED JUN 19 1943

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 5493

98
500
17
9

1. PLACE OF DEATH:

(a) County

(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: 2446 South 3rd Street.,
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23

(c) City or town St. Louis 500
(If outside city or town limits, write "RURAL")

(d) Street No. 2446 South 3rd Street., 17
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME John Osvil Smith

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April (Month) 24 (Day) 1904 (Year)

8. AGE: Years 39 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Jefferson County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Smith
13. Birthplace Jefferson County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Eva Field
15. Birthplace Jefferson County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Frank Smith
(b) Address Mt. Vernon, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUN 1 - 1943 (Date received local registrar) (b) J. F. Bausch (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 9:30 minute 00 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.

	Duration
Immediate cause of death Lobar pneumonia Both Lungs.	
Cardiac Hypertrophy	
~~Due to~~ Chronic Bladder cancer	
undetermined.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 45C	
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? (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 6-15-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G W Wilkinson

Licensed Embalmer No. 3575

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.