

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

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

(c) Name of hospital or institution: Booth Memorial Woman's 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 MO (b) County St. Louis

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

(d) Street No. 5122<sup>nd</sup> St. O. Broadway  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Barry Wayne Smith

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1943 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from..... to..... 19..... to..... 19.....

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased June 4 1943  
(Month) (Day) (Year)

Immediate cause of death Infarction when he  
rolled his head through the  
crib and his face was buried  
in the cloth pad around  
the crib about 1:45 P.M.  
July 4, 1943, at Booth  
Memorial Hospital

Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

1 hr. min.

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

10. Usual occupation ret

11. Industry or business.....

MOTHER FATHER {

12. Name Wm. W. Smith

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

14. Maiden name Wm. W. Smith

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

PHYSICIAN

Major findings: 185

Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant James J. Johnson

(b) Address 1300 Clark

17. (a) Booth Memorial Hospital (b) Date thereof 7-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Bitter

19. (a) JUL 30 (b) 1943  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence 7-4-43

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? no (Specify type of place) (e) Means of injury infarction

23. Signature Alfred J. Perry (M. D. or other)

Address 1214 1/2 Date signed 7/14/43

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**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.....

Licensed Embalmer No.....

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.**