

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32729**

FILED SEP 21 1943
Registration District No. **226**

Primary Registration District No. **6127**

Registrar's No.

1. PLACE OF DEATH:

(a) County **SHANNON**
(b) City or town **EMINENCE-MO. RURAL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CURRENT RIVER Commercial Inc
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NONE** (Specify whether
In this community **2** years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS** **096**
(c) City or town **UNIVERSITY CITY** **3**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. **7427 CHAMBERLAIN ST**
(If rural, give location) **1**
(e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **5**
year **1943** hour **12** minute **30** A.M.
21. I hereby certify that I attended the deceased from **VIEWED BODY**
SEPT 5 - 12 NOON, 19**43**, 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 **SUFFOCATION DUE** Duration
TO ACCIDENTAL DROWNING

Due to **ACCIDENTAL FALLING OUT**
OF BOAT WHILE FISHING IN
to **CURRENT RIVER NEAR**
BLUE SPRING.

Other conditions
(Include pregnancy within 3 months of death) **183-3**

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) **ACCIDENT 101**
(b) Date of occurrence **SEPT. 5, 1943**
(c) Where did injury occur? **SHANNON MISSOURI**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **No** (Specify type of place) (e) Means of injury

23. Signature **N.T. Rudy** (M. D. or other)
*Address **Commercial mo** Date signed **9-5-43**

3. (a) PRINT FULL NAME **THEODORE NOSS SMITH**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **489-07-4347**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **NORA S. SMITH** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **FEB 23 1903**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 6 12 hr. min.

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

10. Usual occupation **OFFICE MANAGER**
11. Employer or business **WESTINGHOUSE ELECTRIC AND MANUFACTURING CO.**

12. Name **JAMES B. SMITH**

13. Birthplace **Penn.** (State or foreign country)
14. Maiden name **W. A. ...**

15. Birthplace **North Huntingdon, Pa.** (City, town, or county) (State or foreign country)

16. (a) Informant **R. H. THACH**
(b) Address **3658 WEST PINE ST. ST. LOUIS MO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **9-8-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PARK**

18. (a) Signature of funeral director **C. A. Lupton & Sons**
(b) Address **4233 Delmar Blvd St. Louis Mo**

19. (a) **9-2-43** (Date received local registrar) (b) **Frank Hyde mo** (Registrar's signature)

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

MOTHER FATHER

744

RECEIVED

District Health Officer No. 5,

District File Number 943575

Date Filed 9-17-43

SEP 29 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 8-5-4

....., Registered Apprentice No.

working under my personal supervision.

Signed

Philip A. Leuchel

Licensed Embalmer No. 2926

P. O. Address Van Buren Trs

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 32729

County of St. Louis SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 9 day of September, 1943, before me appears.....

Nora Stueck Smith, who, upon her oath, states that the original record of ~~birth~~ death

for THEODORE N. SMITH, died SEPT. 4th, 1943, in the State of

Missouri, and which was filed at Eminence, Missouri on Sept. 4, 1943, should be corrected as follows:

Item No. 14 should read Priscilla Swonger.

Instead of unknown

Item No. 15 should read North Huntington, Pa.

Instead of unknown.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Nora Stueck Smith - Wife
Relationship.

7427 Chamberlain av. University
Present Address. City, Mo

Subscribed and sworn to before me this 9 day of September, 1943.

My Commission expires 4/3/44 J. T. Lupton Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 29 1943

32729

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