S. No. 2
M—2-43
5-17-39
P1 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

FILED SEP 28 1945

State File No. 29396

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8168

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Enroute to City Hospital #1 DOA 3
(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 Missouri (b) County 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 711 Walnut St. 6
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country

NR

3. (a) PRINT FULL NAME Capt.Frederick W.Smith

3. (b) If veteran, name war WW#2

3. (c) Social Security No. ?

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs.F.W.Smith

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

7. Birth date of deceased Unavailable (Month) (Day) (Year)

8. AGE: Years About 33 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Soldier U.S.Army

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Capt.Wm.E.Moore
(b) Address CM.Office Jefferson Bks.,Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof September 20 (Month) (Day) (Year) 1945
(c) Place: burial or cremation Springfield,Mo. Rail

18. (a) Signature of funeral director C.Hoffmeister U.&L.Co.
(b) Address 7814 S.Broadway St.Louis,Mo.

19. (a) SEP 19 1945 (Date received local registrar) (b) J.F.Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year 1945. hour 6 minute 10 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 Carbon Monoxide Poisoning when found on the floor of a garage in the rear of 5844 Bartner Avenue with motor running on a Automobile Around 6:10 P.M. Sept. 18 1945

Due to Suicide while suffering a Temporary Mental Aberration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1630

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) Suicide

(b) Date of occurrence Sept 18 1945

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rec of a House at 5844 Bartner in Garage
(Specify type of place)

While at work? (e) Means of injury Above

23. Signature Patrick E. Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 9-19-45

(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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.