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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 28 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23361

Registrar's No. 5713

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

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Farmington Mo. (If outside city or town limits, write "RURAL")
(d) Street No. R. R. 4 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Alfred Smith

3. (b) If veteran, name war Unk.
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 21 1893 (Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Farmington, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name William H. Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Eliza McCleary
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant C. Boyer
(b) Address Desloge, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Desloge, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JUL 11 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1941 hour minute 9:55 a. M.

21. I hereby certify that I attended the deceased from June 23, 1941 to July 8, 1941 that I last saw him alive on July 8, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilat. Bronchopneumonia	2 days
Due to	
Due to	
Other conditions Von Recklinghausen Disease (Include pregnancy within 3 months of death)	20 yrs.
tbc. Lt. knee - 8 mos.	
Major findings: Of operations tbc. knee. Lungs not involved	
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 F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 7-8-41

(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. Albert G. Klopp

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.