

MAY 15 1940

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3386**

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:
Mo Baptist 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 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 Hamilton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1940 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Feb. 1 - 1940
to April 13 - 1940
that I last saw him alive on April 13 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis acute Duration
no chronic

Due to fracture
cholecystitis, no stones
Due to senility
neurosis
Other conditions 127
(Include pregnancy within 3 months of death)

Major findings: Hydrops of gall bladder
Of operations Common duct stenosis
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Simon Smith 530

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Ester Apple Smith 6. (c) Age of husband or wife if alive (unk) years

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

8. AGE: Years 60 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Dealer

11. Industry or business used auto tires

12. Name Meyer Smith

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

14. Maiden name Clara Hornstein

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

16. (a) Informant J. Smith

(b) Address 1150 Hamilton

17. (a) burial (b) Date thereof 4/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) APR 14 1940 (b) J. D. [Signature]
(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) _____
(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 Henry E. Rosenbery (M. D. or other) md
Address 4503 [Address] Date signed 4-14-40

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. 1597

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, above space should be left blank.