

No. 2
-13-40
-17-39
X2311

JAN 15 1941 91
Registration District No. _____

1003
Primary Registration District No. _____

Registrar's No. 10215

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:
3733 Oregon Ave.
(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 _____

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3733 Oregon Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mack Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1940 hour 7 minute 25 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose Smith

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 10, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1940 to Dec. 10, 1940
that I last saw him alive on Dec. 6, 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>0</u>	_____ hr. _____ min.

Immediate cause of death Acute Indigestion caused by improper diet - (not poisonous food)

Due to Cardiac Hypertrophy 9 mo.

Due to Aortic insufficiency

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business Night watchman

MOTHER FATHER { 12. Name Don't Know Smith

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rose Smith

(b) Address 3733 Oregon Ave.

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? _____

17. (a) Burial (b) Date thereof 12/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 12 1940 (b) J. H. Brudeck
(Date Received from Registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of Injury _____

23. Signature Earline Johnson (M. D. or other) M.D.

Address 2801 Chippewa Date signed 12-11-40

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 Wang Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.