

2-40
-39
K23159

Registration District No. **1003**

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution **Christian Hospital**
(d) Length of stay: In hospital or institution.
In this community **10** years, months or days

3. (a) PRINT FULL NAME **Richard Frank Smith**

3. (b) If veteran, name war **none** 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 **February 17, 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **22** hr. min.

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

10. Usual occupation **none**

11. Industry or business **Albert V. Smith**

12. Name **Albert V. Smith**

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

14. Maiden name **Ether Klaus**

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

16. (a) Informant **Albert V. Smith**
(b) Address **4927 Quincy Street**

17. (a) **Burial** (b) Date thereof **Feb 19/41 18**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**
(d) Signature of funeral director **Shepard Funeral Home**
1167 Hamilton Avenue

(e) Address **FEB 19 1941**
(f) **J. H. Bredesh** (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **4927 Quincy Street**
(e) If foreign born, how long in U. S. A.? **10** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **18**, 1941
year **11** hour **55** minute **A** M.

21. I hereby certify that I attended the deceased from **2-17-41**
19... to **2-18-41**, 19...
that I last saw him alive on **2-18-41**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **congenital heart disease**

Due to
Due to **157**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **as above**

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)
(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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Hallein** (M. D. or other) **MD**
Address **5074 N. Union** Date signed **2-19-41**

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.

Not Embalmed
Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.