

FILED AUG 8 1941

Registration District No. 784

Primary Registration District No. 2d

Registrar's No. 1511

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Olivette, (Clayton)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9415 Bonhomme Road.
(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 St. Louis, 96
(c) City or town Olivette, 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. #9415 Bonhomme Road.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1941 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from
Oct. 1940 to April 1941
that I last saw him alive on April 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Intrathoracic Tumor, probably
Sarcoma. Duration about 1 year

Due to: 548
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature B. H. Charles (M. D. or other) _____
Address 37 E. Washington St. Date signed 7-21-41

3. (a) PRINT FULL NAME THOMAS HOLT SMITH.

3. (b) If veteran, name war none 3. (c) Social Security No. 488-01-8932

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Blanche M. Smith. 6. (c) Age of husband or wife if alive 56. years

7. Birth date of deceased November 19, 1882.
(Month) (Day) (Year)

8. AGE: Years 58. Months 8. Days 0. If less than one day _____ hr. _____ min.

9. Birthplace Manchester, England.
(City, town, or county) (State or foreign country)

10. Usual occupation Consulting Engineer.

11. Industry or business Mallinckrodt, Chemical Co.,

12. Name John Smith.

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

14. Maiden name Mary

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

16. (a) Informant Robert A. Smith.
(b) Address 9415 Bonhomme Road.

17. (a) Burial (b) Date thereof 7-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard

19. (a) JUL 21 1941 (Date received local registrar)
(b) J. H. Meyer (Registrar's signature)

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

006

UNARIES.
2 - 4:30 P.M.
3700 Washington.

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 *Clarence H Murray*
Licensed Embalmer No. *4016*
P. O. Address *H. Quinn, M.*

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.