S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15584

FILED MAY 11 1942

Registration District No. 84

Primary Registration District No. 111

Registrar's No. 992

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ..... 6 C D

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5016 Wabada Ave. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME George J. Smith.

3. (b) If veteran, name war .....

3. (c) Social Security No. —

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Elizabeth A. Smith.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October (Month) 10. (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	23	..... hr. ..... min.

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

10. Usual occupation City Fireman # 52

11. Industry or business .....

FATHER
12. Name John Smith.
13. Birthplace Ireland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McNamara
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth A. Smith.
(b) Address 5016 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAY 5 - 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd. year 1942 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 3, 1942 that I last saw him alive on May 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (anterior) — Duration 3 days

Due to Arteriosclerosis

Due to Diabetes mellitus

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

Major findings:
Of operations none
Of autopsy not done

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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 R. O. Mueller (M. D. or other) M D

Address 3720 Washington Date signed May 4/42

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(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

YAM