

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Ferdinand - Indiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Halls Ferry Memorial Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
(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 St. Louis 1 Township 93
(If outside city or town limits, write "RURAL")
(d) Street No. Marion-Roe Hotel -509 Pine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME James Smee

3. (b) If veteran, name war *****
3. (c) Social Security No. 493-01-4418

4. Sex Male 13 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 September 28 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 27 9 hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country) Mo 0

10. Usual occupation Hotel Manager

11. Industry or business Marion-Roe Hotel

12. Name John H. Smee

13. Birthplace Ireland (State or foreign country) 4

14. Maiden name Mary Talbot

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Robert Smee

(b) Address 906 Olive St

17. (a) Burial (b) Date thereof June 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 9 - 1942 (b) C. H. Mc Larson M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day June
year 1942 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from December 31 1941, to June 7 1942;

that I last saw him alive on May 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to 45

Due to _____

Other conditions Carcinoma of tongue
(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) (a) Means of injury B

23. Signature Richard S. Davis (M. D. or other) M.D.

Address Beaumont Bl. Date signed 6/8/42

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

76
0
0

c 24

Dr. Weiss.
Beaumont Building
Je 6853

512

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 *Frank J. Owen*

Licensed Embalmer No. *2245*

P. O. Address *St Louis Mo*

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.