

FILED SEP 1 1947

Primary Registration District No. 1003

Registrar's No. 7056

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: Mo Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da
In this community 3 da
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2078 Nicholson
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GERALD WAYNE SMITH

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased AUG 19 1942
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Andrew Smith

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

14. Maiden name: Clayton Vaughan

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

16. (a) Informant Andrew Smith

(b) Address 2078 Nicholson

17. (a) Removal (b) Date thereof 8/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill - Elmwoodville, Ill.

18. (a) Signature of funeral director R. Carl White

(b) Address 4259 O'Connell

19. (a) AUG 22 1947 (b) J. F. Bedecki
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1947 hour 1:15 minute 45 M.

21. I hereby certify that I attended the deceased from Aug 19/47 to Aug 22, 1947
that I last saw him alive on Aug 21/47 and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus p & da.

Due to

Due to

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

Major findings: None

Of autopsy

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) Means of injury

23. Signature Robert L. Quincy (M. D. or other) M.D.

Address 3548 N. Grand Date signed 8/22/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

844

*White
New 5305*

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.....

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.