

SEP 10 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7342

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs.
(Specify whether)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Infant Smith

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced, newborn

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9-1-42
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. — min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Francis G. Smith

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

14. Maiden name Hazel Ferguson

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

16. (a) Informant J. Wendlandt R.N.

(b) Address 2646 Botetourt

17. (a) Burial (b) Date thereof 9/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 2 1942 (b) J. J. Prudek
(Date received local record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. 3527^a Oregon
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1942 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from 9-1-1942 to 9-1-1942
that I last saw him alive on 9-1-42 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____

Of autopsy none done

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 Ernest Vogel (M. D. or other) _____
Address 3305 S. Grand Date signed 9/1/42

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 *Wm. E. Egan*
Licensed Embalmer No. 1284
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, above space should be left blank.