

FILED NOV 16 1942 318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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:  
St. Marys Hospital  
(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

**3. (a) PRINT FULL NAME** Ernest C. Smith

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col. 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: Nov. 14 1880  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace: Brunswick Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Barber

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name: John C. Smith

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

14. Maiden name: Unknown

15. Birthplace: Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Edward Smith

(b) Address: 4343 Cottage Ave.

17. (a) Removed (b) Date thereof: 11-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Brunswick Mo.

18. (a) Signature of funeral director: H. J. Smith

(b) Address: 4247 W. Ladadie Ave.

19. (a) NOV 18 1942 (b) [Signature]  
(Date of registration) (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.: 4343 Cottage Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country: \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 5<sup>th</sup>  
year 1942 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1942 to Nov 5, 1942

that I last saw him alive on Nov 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis

Due to: Nephritis

Due to: arterio sclerosis

Other conditions: 1/2!  
(include pregnancy within 3 months of death)

Major findings:  
Of operations: 1/2!

Of autopsy: 1/2!

Duration
_____
PHYSICIAN
_____
<small>Underline the cause to which death should be charged statistically.</small>

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: [Signature] (M. D. or other) \_\_\_\_\_  
Address: 809 N. Jefferson Date signed: 11-6-42

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**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.....

..... William C. McDowell ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.**