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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7719

FILED MAR 11 1943

Registration District No. 1895 Primary Registration District No. 200 Registrar's No. 360

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town RIVERVIEW GARDENS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9729 DIAMOND DR. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 72 YR. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town RIVERVIEW GARDENS
(If outside city or town limits, write "RURAL")
(d) Street No. 9729 DIAMOND DR.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM F. SMITH
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET SMITH
(c) Age of husband or wife if alive 68 years
7. Birth date of deceased SEPT. (Month) 30 (Day) 1872 (Year)

8. AGE: Years 72 Months 4 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS CO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

MOTHER FATHER
12. Name HENRY SMITH
13. Birthplace GERMANY (City, town, or country) 4 (State or foreign country)
14. Maiden name ANNA HAGGEMEYER
15. Birthplace GERMANY (City, town, or country) 4 (State or foreign country)

16. (a) Informant anna Smith
(b) Address 9729 Valley Dr.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 12-1943 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Friedrich F. Howe
(b) Address 8319 Halls Ferry Rd
19. (a) FEB 10 1943 (Date received local registrar) (b) E. G. McGowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9 year 1943 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 3, 1943 to Feb 10, 1943 that I last saw him alive on Feb 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block — Duration
Due to Cardiac Decompensation
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations GSW
Of autopsy no

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 J. E. Valentine (M. D. or other)
Address 3360 N. Taylor Date signed 2-10-43

FEB 10 1943

(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 Alford G Burnley

Licensed Embalmer No. 4202

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.