V. S. No. 2
50M—9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15551

FILED MAY 6 1943

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 828

96
3
5

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1330 Eastover
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 3
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1330 Eastover
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Smith

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Armour Smith

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

7. Birth date of deceased April (Month) 14 (Day) 1881 (Year)

8. AGE: Years 61 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Scotland (State or foreign country) 4

10. Usual occupation Maintenance

11. Industry or business " Cupples Co.

FATHER
12. Name George Smith
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Jean McCafferty
15. Birthplace Scotland (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Peggy Allen
(b) Address 1330 Eastover

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) APR 7 1943 (Date received local registrar) (b) C. H. McFarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1943 hour 6 30 minute P M.

21. I hereby certify that I attended the deceased from 2/28, 1943 to 4/3, 1943
that I last saw him alive on 4/3, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	2 da
Due to Bronchial asthma	15 yrs.
Due to	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. D. Stoelzle (M. D. or other) M.D.
Address 104 W. Adams, Kirkwood Date signed 4/5/43

(Licensed Embalmer's Statement on Reverse Side)

Kirkwood Bank Bldg Ke - 1200.
104 West. Adams. 2 to 5 P. M.

OCT 31 1945

SEP 27 1945

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.