

FILED JUL 31 1943 318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 yr. 2 mo. 17 days
(Specify whether 11 yrs.)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal Street
(If rural, give location) No
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SMITH, William Thomas

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Capitola Smith 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec. 13, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business _____
12. Name SMITH, William Illinois
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown Chaney
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant D.E. Basso
(b) Address 5800 Arsenal St., St. L., Mo
17. (a) Removal (b) Date thereof 7/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Nebo, Illinois

18. (a) Signature of funeral director Albert H. Honne, Inc
(b) Address 4700 Washington Blvd.

19. (a) J. F. Prueck (b) 7/26/43
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1943 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 15 to July 25 1943 that I last saw him alive on July 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchopneumonia Duration 3 days
Chronic myocarditis 10 years
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy none

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? _____

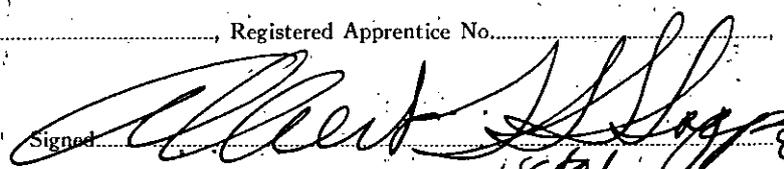
(Specify type of place) _____
While at work? _____ (a) Means of injury _____
23. Signature W. H. Kerns / A. Semmens, M.D. (M. D. or other) _____
Address City Infirmary Date signed 7/26/43

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

MOTHER FATHER

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. 1861

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.