

FILED OCT 13 1943 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8616

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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo, 10 dys.
(Specify whether life years, months or days)

3. (a) PRINT FULL NAME SMALL, Peter

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 Mary (mamie) Small 6. (c) Age of husband or wife if alive 26 1/2 years

7. Birth date of deceased ?????? 1873??????
(Month) (Day) (Year)

8. AGE: Years 70 Months ?? Days ?? If less than one day 0
hr. min.

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

10. Usual occupation Freight Handler

11. Industry or business Nil

MOTHER FATHER { 12. Name SMALL, John 4

{ 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name ??????, Bridget 4

{ 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant D. E. Basso

(b) Address 5800 Arsenal St, St. L. Mo.

17. (a) BURIAL (b) Date thereof SEPT 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmus

(b) Address 3125 Lafayette Av.

19. (a) SEP 29 1943 (b) J. F. Bredeck
(Date received by local registrar) (Registrar's signature)

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. 2315 S. 18th St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1943 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 1
1943 September 28, 1943
that I last saw h. alive on September 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum Duration 2 years

Due to _____

Due to _____

Other conditions Tuberc. Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Bailey: ca of rectum PHYSICIAN _____

Of autopsy same 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 A. Van Horn (M. D. or other) M.D.

Address 5800 Arsenal St. Date signed 9/28/43

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

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.....

Joe B. Vollmer

Licensed Embalmer No. *46014*

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.