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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 30398

State File No.

FILED OCT 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8698

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

(d) Length of stay: In hospital or institution 1yr, 2mo. (Specify whether In this community Life years, months or days)

0

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)

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

If yes, name country

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3. (a) PRINT FULL NAME SMITH, Edward Patrick

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced separated

6. (b) Name of husband or wife ???

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

7. Birth date of deceased Nov. (Month) 29, (Day) 1873. (Year)

8. AGE: Years 69 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business Nil

FATHER
12. Name SMITH, J. Christopher
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name BEATTY, Mary
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant D. E. Basso
(b) Address 5800 Arsenal St., St. L., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Jos A. Howard
(b) Address 4212 St Louis Ave.

19. (a) OCT 1 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29 year 1943 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1943, to Sept. 29, 1943 that I last saw him alive on September 29, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of prostate gland	2 years
Due to 51	
Due to	
Other conditions Metastatic Ca of bones (Include pregnancy within 3 months of death)	1½ years

Major findings:
Of operations none
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? (e) Means of injury

23. Signature R. Wm Koenig (M. D. or other) M.D.
Address 5800 Arsenal St. Date signed 9/30/43

(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. Jos A. Howard

Licensed Embalmer No. 4139

P. O. Address. 4212 St Louis Ave

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.