

FILED DEC 11 1943

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2711

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2328-Bristow Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Smith

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive D years
7. Birth date of deceased June 7 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 57 hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business Produce

MOTHER FATHER { 12. Name Lemuel Smith
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Etta Deuser
15. Birthplace Clayton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Smith
(b) Address 2328-Bristow Overland, Mo.

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Ev. Cem.

18. (a) Signature of funeral director Baumann Brothers Inc.
(b) Address 2504-Woodson

19. (a) DEC - 9 1943 (b) E. G. McFarren, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1943 hour 2:50 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiac failure & pulmonary edema 1 wk?
Cardiac asthma 6 mo?
Due to asthma & art scl. heart dis. 2-4 yr?
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 E. G. McFarren (M. D. or other)
Address St. Louis County Hosp Date signed _____

Duration
1 wk?
6 mo?
2-4 yr?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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 Oscar F. Mueller
Licensed Embalmer No. 3039
P. O. Address Overland 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.