S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40578

FILED DEC 22 1943

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 10978

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:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4715 Kensington Pl. 12
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lawrence L. Smith

3. (b) If veteran, name war None

3. (c) Social Security No. 488-10-1923

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Belle

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 11, 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Elevator Starter

11. Industry or business Railway Exchange Bldg.

FATHER
12. Name John T Smith
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary A. Turley
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Belle Smith
(b) Address 4715 Kensington Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Chas. J. Kron Funeral Home
(b) Address 4911 Washington Blvd.

19. (a) DEC 12 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Dec 9 1943, to Dec 11, 1943 that I last saw him alive on 12-11-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. K. Cand 0 (M. D. or other)
Address 3901 Park Date signed 12-12-4

844

(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 Thomas R. Senwick

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.