

FILED APR 20 1944

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1 mo-10 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
St. Louis,
 (c) City or town.....
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3647 S. Compton Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME..... Henry Smith
 3. (b) If veteran, name war..... No
 3. (c) Social Security No..... -----

4. Sex..... Male 5. Color or race..... Wht.
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Lydia Smith
 6. (c) Age of husband or wife if alive..... 89 years
 7. Birth date of deceased..... Unknown Abt. 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 84 hr. min.

9. Birthplace..... Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Retired

11. Industry or business.....
 12. Name..... Hamer Smith
 13. Birthplace..... Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name..... Unk.
 15. Birthplace..... Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Harry Smith
 (b) Address..... 3647 S. Compton Ave
 17. (a) Cremation (b) Date thereof..... 4/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Missouri Crematory

18. (a) Signature of funeral director..... H. B. Mayall
 (b) Address..... 1926 Allen Ave.
 19. (a) APR 14 (b) J. F. Bredas
(Date received and recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
 year..... 1944 hour..... 5:50 minute..... P. M.
 21. I hereby certify that I attended the deceased from March 3rd
 19. 44 to April 12th 19. 44
 that I last saw h. in alive on April 12th 19. 44
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Arteriosclerosis
Heart Disease
 Duration
 Due to.....
 Due to.....
 Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature..... L. Kuznetsov (M. D. or other) M.D.
1515 Lafayette Date signed..... 4/14/44
 Address.....

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W. L. Moyell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen av

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.