

FILED JUN 12 1944
Registration District No. 597

Primary Registration District No. 6076

Registrar's No. 1223

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town BLACK JACK MO. FLORISSANT R.L.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FLORISSANT MO. STATION R. 1 Box 585
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 4 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town BLACK JACK MO.
(If outside city or town limits, write "RURAL")
(d) Street No. FLORISSANT STATION R. 1 Box 585
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31
year 1944 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from FEB 6, 1944 to MAY 31, 1944
that I last saw him alive on MAY 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to Carcinoma of stomach

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 R. C. McElvain (M. D. or other) MD
Address 4356 Trane Date signed 6/1/44

3. (a) PRINT FULL NAME FRANK W. SMITH
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife NANCY SMITH 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV. 19 1864 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 12 If less than one day hr. _____ min.

9. Birthplace Rock Island ILL (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name J. H. SMITH
13. Birthplace PENNSYLVANIA (State or foreign country)
14. Maiden name ELIZABETH JAMMERSON
15. Birthplace PENNSYLVANIA (State or foreign country)

16. (a) Informant Roy A. Smith
(b) Address FLORISSANT STATION R. 1 Box 585
17. (a) BURIAL (b) Date thereof JUNE 3 1944 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM SEM.

18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Holls Ferry Rd.
19. (a) JUN 3 - 1944 (Date received local registrar) (b) E. D. McLawrence (Registrar's signature)

on Refert. R. McElvain
4356 Trane
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.....

Sy W Wilkinson
.....
Licensed Embalmer No..... *3575*

P. O. Address.....

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.