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FILED JUL 1 1944
Registration District No. 131944

Primary Registration District No. 6076

State File No.

Registrar's No. 1360

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Muran, Bonhomme Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hawkins Road.
(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 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Valley Park,
(If outside city or town limits, write "RURAL")
(d) Street No. Earlton Williams Rds.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME

Gordon 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 married

6. (b) Name of husband or wife Reba Smith

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July
(Month)

29 1898
(Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>23</u>	hr. min.

9. Birthplace California Mt. Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General farm labor,

12. Name Charles Smith,

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bomb,

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ms. Sheila Branson

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof June, 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Park City Cem.

18. (c) Signature of funeral director Schradler

(b) Address Ballwin, Mo.

19. (a) JUN 24 1944 (b) E. G. McFarren, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22,
year 1944 hour About 3 minute 30 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 Central nervous system
Lues

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 _____

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 5

23. Signature J. O. Weissman (M. D. or other) MD

Address St. Louis County Health Dept signed 6/23/44

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.....

Theo. Schaefer

Licensed Embalmer No. *3066*

P.O. Address.....

Bellewin, Pa.

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.