

FILED JUL 26 1944
8 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **6304**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. 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 17
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL") 15
(d) Street No. 5541 Grace Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT Theodore Smith
FULL NAME

3. (b) If veteran, name war none
3. (c) Social Security No. 494-10-8617

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 4, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Investigator

11. Industry or business Stix Baer and Fuller

12. Name Henry Smith

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

14. Maiden name Sponia

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

16. (a) Informant Irene Janeschek

(b) Address 5541 Grace Ave

17. (a) Burial (b) Date thereof 7-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd

19. (a) JUL 17 1944 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1944 hour 5:00 minute a. 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 Thrombo Phlebitis Duration _____

As a result of striking his leg against a wheelbarrow

while at work for the

Stix Baer & Fuller Drug Goods

Co. on the night of June 9,

1944 exact hour unknown

Other conditions _____

(Include pregnancy within 3 months of death) 195

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) Accident 100

(b) Date of occurrence June 9 - 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial

While at work? yes (Specify type of place) while walking
(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date 7-17-44

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 *Fred L. Berryman*
Licensed Embalmer No. *4018*
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.