

FILED AUG 21 1944

318

Registration District No.

1003

Primary Registration District No.

Registrar's No.

6979

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

1. PLACE OF DEATH:

(a) County 15th South 3rd St
(b) City or town St. Louis
(c) Name of hospital or institution: 1526 N. 3rd St
(d) Length of stay: In hospital or institution 15th 3rd St
In this community 15th 3rd St
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town St. Louis
(d) Street No. 1526 N. 3rd St
(e) Citizen of foreign country? Citizen of the country
If yes, name country 0

3. (a) PRINT FULL NAME James Smith

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex M 5. Color or race 2 C 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June 10 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 26 If less than one day hr. min.

9. Birthplace South e 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

MOTHER FATHER

12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Lillian Green

(b) Address 2203 Marston

17. (a) Shipped (b) Date thereof Aug 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Shipped to Dumbarton

18. (a) Signature of funeral director A. H. Burke
(b) Address 1600 3rd St
19. (a) AUG 10 1944 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1944 hour 6:10 P minute 6:10 P .M.
21. I hereby certify that I attended the deceased from 5-9-44 to 8-5-44
that I last saw him alive on Aug 5 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Cardio-Vascular
diseases
Due to old age
Other conditions -
(Include pregnancy within 3 months of death)

Duration

Physician

Major findings: -
Of operations -
Of autopsy -

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

While at work? - (Specify type of place) - Means of injury -

23. Signature Chas. W. Wolf (M. D. or other) 8/7/44
Address 1418 Franklin Date signed 8/7/44

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

James A. Johnson

Licensed Embalmer No.

3525

P. O. Address

3506 Franklin Ave

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.