

FILED NOV 15 1944

State File No. _____
Registrar's No. 9501

Registration District No. 318

Primary Registration District No. 1203

1. PLACE OF DEATH:

(a) County ST LOUIS MO
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4949 WABADA AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 6 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL")
(d) Street No. 4949 WABADA AVE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULES-CHARLES SMITH

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MATTIE SMITH 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased JULY 18 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 19 If less than one day 5 hr. 30 min.

9. Birthplace IRON MOUNTAIN MO
(City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER

11. Industry or business PACKING INDUSTRY

12. Name JOHN MARTIN SMITH

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

14. Maiden name MALVINA KREMER

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

16. (a) Informant Heleen L Smith

(b) Address 4949 Wabada Ave

17. (a) BURIAL (b) Date thereof 11-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director Walter Beckman

(b) Address 6536 Clayton Rd

19. (a) NOV 9 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 1 1944 to Nov. 7 1944
that I last saw him alive on Nov. 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 day

Due to 1/2

Other conditions 1. angina pectoris
2. atherosclerosis
3. art. sclerotic

Major findings: Of operations x Bright's.
Of autopsy x

Duration
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) x

(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?
(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature William O. Mowery (M. D. or other) MD

Address 3633 Fair Ave Date signed 11/7/44

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.....

E. 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.