

FILED SEP 15 1945

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2178

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7200 CREVELING DRIVE
(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 MO (b) County ST LOUIS 9/3
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7200 CREVELING DRIVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DR. CARROLL SMITH

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased AUG. 19 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months - Days 17 If less than one day hr. _____ min. 1

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

10. Usual occupation PHYSICIAN

11. Industry or business _____

12. Name RANDOLPH SMITH

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

14. Maiden name MINNIE HANNAH

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

16. (a) Informant Mrs Margaret Smith

(b) Address 7200 Creveling Drive

17. (a) BURIAL (b) Date thereof 9/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CELVARY CEM

18. (a) Signature of funeral director C. H. Neilson

(b) Address 5165 Delmar Bl.

19. (a) 9-8-45 (b) C. H. Neilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th
year 1945 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from August 1, 1945 19__ to Sept 6, 1945 19__;
that I last saw him alive on Sept 6, 1945 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arterio sclerosis

Due to 444s

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 C. H. Neilson (M. D. or other) _____
Address 306 Humboldt Bldg Date signed 9/7/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

96
3
50

OCT - 8 1945

JAN 21 1947

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 *H. G. Farris*.....

Licensed Embalmer No. *3384*.....

P. O. Address *St. Louis*.....

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.