DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1946

State File No. 39808

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11244

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital. ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston (14) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6151 Wagner Avenue. NR
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred A. Smith. Sr.

3. (b) If veteran, name war None

3. (c) Social Security No 497-03-8138

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 30, 1872.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	21	hr. min.

9. Birthplace Charles City, Iowa. /
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist.

11. Industry or business

FATHER
12. Name Charles Smith.
13. Birthplace England. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Major Harold C. Smith.
(b) Address 6151 Wagner Avenue.

17. (a) Burial (b) Date thereof 12-22-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) DEC 22 1945 (b) J F Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th.
year 1945 hour 8 minute P.M. M.

21. I hereby certify that I attended the deceased from 10-23-45, 19 , to 12-20-, 1945
that I last saw him alive on 12-20-, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia	23 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Residual Ileus 10/23/45 c̄ Obstruction

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

(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

23. Signature J W Thompson No (M. D. or other)

Address 4952 Maryland Date signed 12/21/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.W. Thompson.
4952 Maryland Avenue.
Hours 1 to 3 P.M.
Forest 8844

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 Clement McNary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.