

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

FILED FEB 18 1946
Registration District No. **518**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(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:
2528a Howard
(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

3. (a) PRINT FULL NAME Elizabeth Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-14-2297

4. Sex Female / 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 Nov. 26, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 1 24 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

12. Name James Smith

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

14. Maiden name Eddy

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

16. (a) Informant Fannie Smith

(b) Address 2528a Howard

17. (a) Burial (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 22 1946 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 201-05

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2528a Howard (If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

Jan 20

20. DATE OF DEATH: Month _____ day _____
year 1946 hour 3.00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 13, 1943, to Jan 20, 1946
that I last saw he alive on Jan 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: 6 to 10 yrs cardiac 2 yrs

Due to _____

Due to _____

Other conditions: Hypertension 3 yrs +
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: no

Of operations _____

Of autopsy: no

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? _____

While at work? _____ (Specify type of place)

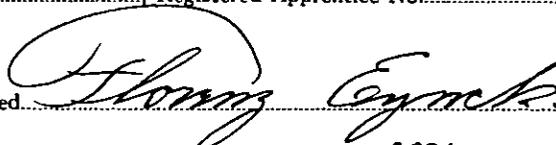
(e) Means of injury _____

23. Signature John Langan (M. D. or other) 0
Address 5805 Plymouth av Date signed Jan 21/46

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.....



Licensed Embalmer No. 1284.....

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.