

FILED MAY 31 1948

1003

Registration District No. _____

Primary Registration District No. _____

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2528 California Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
Year 1946 hour 12.45 minute P M.
21. I hereby certify that I attended the deceased from _____
_____ 1946 to _____ 1946
that I last saw him alive on _____ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Liver Abscesses
Due to _____
Due to _____

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?

3. (a) PRINT FULL NAME Charles A. Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-01-7097

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evelyn 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 30 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 10 21 _____ hr. _____ min.

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

10. Usual occupation Auto Assembler

11. Industry or business Chevrolet Auto Manufacturers

12. Name Charles A. Smith

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

14. Maiden name Elizabeth Basler

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

16. (a) Informant Evelyn Smith

(b) Address 2528 California Ave.

17. (a) Burial (b) Date thereof May 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland ILL.

18. (a) Signature of funeral director Wm. N. Seibler, Sons Inc. Co.

(b) Address 2630 Gravois Ave.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature R. Berg (M. D. or other) _____
Address 2203 Nebraska Date signed 5/24/46

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

17792

MOTHER FATHER

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 Robert J. Gibben

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.