

FILED JUL 26 1946

Registration District No.

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 108 North Morse
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dr. John Smiley

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 13, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 26 hr. min.

9. Birthplace Park County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Veterinarian

11. Industry or business

12. Name John Smiley
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Isabella Dunn
Ireland
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lowell Morgan
(b) Address Godfrey, Illinois
17. (a) Fairview Cem (b) Date thereof 7/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director Went Funeral Home
(b) Address Alton, Illinois

19. (a) JUL 16 1946 (b) J. F. Bredest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1946 hour 7:20 minute P M.

21. I hereby certify that I attended the deceased from 7-11-46 to 7-11-46
that I last saw him alive on 7-11-46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pelvic Colon
Indefinite

Due to Cause not known
Primary - Pelvic

Other conditions prostatitis of CA to liver
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of pelvis
Colon with metastases
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NI
(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
Signature John Hayward (M. D. or other)
Address Metropolitan Bldg Date signed 7/17/46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

24

ON

[Handwritten signature]

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 *Albert Masfield*

Licensed Embalmer No. *3077*

P. O. Address. *5060 Queens*

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.