

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34551**  
Registrar's No. **166**

Registration District No. **310** Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County **St. Charles**

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

(c) Name of hospital or institution:  
**130 South Main Street**  
(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 **Louis August Smith**

3. (b) If veteran, name war **NIL**

3. (c) Social Security No. **493-09-5705**

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mauda (Howdeshell) Smith**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **July 1 1876**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>70</b>	<b>3</b>	<b>27</b>	hr. _____ min.

9. Birthplace **Augusta Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Day Laborer (retired 8 yr)**

11. Industry or business **International Shoe Co**

12. Name **Henry Smith**

13. Birthplace **unknown U.S.A.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Roth**

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

16. (a) Informant **Mrs. Maude Smith**

(b) Address **130 S. Main-St. Charles, Mo.**

17. (a) **burial** (b) Date thereof **Oct 30-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles, Mo. Oak Grove**

18. (a) Signature of funeral director **H.C. Dallmeyer & Sons Co**

(b) Address **800 N. 2nd-St. Charles, Mo.**

19. (a) **11/21/46** (b) **Frankie Hammett**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**

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

(d) Street No. **130 South Main Street**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**  
year **1946** hour **2:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 1st 1946 to Oct 28th 1946**  
that I last saw him alive on **Oct 18th 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Coronary occlusion**  
Due to.....  
**Sen Arterio sclerosis**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
**97**

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) (c) Means of injury.....

23. Signature **W. Eric Schulz** (M. D. or other).....

Address **St. Charles, Mo.** Date signed **11/29/46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

12  
9  
3

RECEIVED  
District Health Officer No. 91  
Casket No. 11/6/46  
Date Filed

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 Joseph I. Landolt  
Licensed Embalmer No. 4189  
P. O. Address.....

**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.**