

S. No. 2
-12-45
5-17-39
X47078

FILED OCT 16 1946
Registration District No. 367

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Berliner Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-weeks
(Specify whether years, months or days)

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

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Caroline

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June 4 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>4</u>	<u>0</u>	hr. min.

9. Birthplace LeDent County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER, FATHER {

12. Name Meyer Smith

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

14. Maiden name Jane Bay

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

16. (a) Informant Arthur Smith

(b) Address 11716 Elm St. Charles, Mo.

17. (a) Burial (b) Date thereof 10-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Blumens Brodner

(b) Address 2504-Woodson Rd Overland, Mo

19. (a) 10-10-46 (b) Paula Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 9029 St. Louis
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 10 1946, to Oct. 4 1946; that I last saw him alive on Oct. 4 1946; and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia 13/104 days

Due to Cardio Renal disease 10 yrs.

Due to General Arterio Sclerosis 20 yrs.

Other conditions (include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature C. A. Barnard (M. D. or other) Date signed 10/7/46
Address 818 - N 2nd St St. Charles Mo

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.....

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.