

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6978
Registrar's No. 1250

Registration District No. Primary Registration District No. 1003

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: St. Louis City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Days
(Specify whether years, months or days) M.

3. (a) PRINT FULL NAME WALTER SMITH

3. (b) If veteran, name war. *****
3. (c) Social Security No. 498-09-7365

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Delphine Smith
6. (c) Age of husband or wife if alive. 59 years
7. Birth date of deceased. December 2 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 17 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name John M. Smith

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

14. Maiden name Flora McLeod

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

16. (a) Informant Delphine Smith
(b) Address 3243 A. Michigan Ave

17. (a) Burial (b) Date thereof 2-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director. Ziegenfuss Bros
(b) Address 6409 Gravois Ave

19. (a) FEB 20 1947 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

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. 3243 A. Michigan Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1947 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from 2/17/47
to 2/19/47, 1947,
that I last saw h. im alive on 2/19/47, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis

Due to Sudden death

Due to

Other conditions (Include pregnancy within 3 months of death)
117

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) (e) Means of injury

23. Signature W. Dalton (M.D.)
Address 1515 LAFAYETTE Date signed 2/19/47

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

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 Homer V. Dutz
Licensed Embalmer No. 3882
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.