

FILED MAR 24 1947
318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Francis Ward Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife C. Smith nee Hays 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 26, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 13 hr. _____ min.

9. Birthplace Quincy Ills. /
(City, town, or county) (State or foreign country)

10. Usual occupation Boilder

11. Industry or business _____

12. Name George Smith

13. Birthplace Unknown Ills. /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Moore

15. Birthplace Unknown Ills. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Genevieve Smith

(b) Address 301 Pitzman Ave

17. (a) Burial (b) Date thereof 3/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son Inc.

(b) Address 2161 East Fair Ave

19. (a) MAR 12 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. 301 Pitzman Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 15, 1947, to March 10, 1947, that I last saw him alive on March 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder Urinary Duration 2 months

Due to _____

Due to _____

Other conditions Perious Anemia
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Bladder

Of operations _____
Of autopsy Carcinoma of Bladder c metastases to aortic nodes

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 G. Fukuishima (M. D. or other) _____
Address Barnes Hospital Date signed 3/10/47

MOTHER FATHER

APR 18 1947

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 *Walter G. Bernice*
Licensed Embalmer No. *4202*
P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
2013
Registrar's No. _____

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Francis W. Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Genevieve 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) _____ (Day) _____ (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) J. F. Bredek (Registrar's signature) APR 7 1913

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar Day 27 Year 1913 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

PERMANENT RECORD

B
15
3883

Age 4880

11557