

FILED MAY 29 1947
Registration District No. **318**

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.....
25 N FOURTH ST
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **4 YEARS**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO** (b) County..... **000**
 (c) City or town..... **ST LOUIS MO** 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. **873 N 4th St** 9
 (If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **GEO W SMITH**
 (b) If veteran, name war..... **No**
 (c) Social Security No. **497-07-9115**
 4. Sex..... **M** Color or race..... **W**
 5. Color or race..... **W**
 6. (a) Single, widowed, married, divorced..... **DIVORCED**
 6. (b) Name of husband or wife..... **MA CORA SMITH F WIFE**
 6. (c) Age of husband or wife if alive..... **69** years
 7. Birth date of deceased..... **OCT 9 1876**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **18**
 year..... **1947** hour..... **9** minute..... **30** a.m.
 21. I hereby certify that I attended the deceased from..... **3** 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.....

8. AGE: Years Months Days If less than one day
70 7 9 hr. min.
 9. Birthplace..... **FAIRFIELD ILL**
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... **POULTRY PRESSER**
 11. Industry or business..... **STEDLIN POULTRY CO**
 12. Name..... **GEO SMITH**
 13. Birthplace..... **FAIRFIELD ILL**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **UNKNOWN**
 15. Birthplace..... **UNKNOWN** 9
 (City, town, or county) (State or foreign country)
 16. (a) Informant..... **J F Williams**
 (b) Address..... **St. Louis Mo**
 17. (a) **BURIAL** (b) Date thereof..... **MAY 20 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **VALHALLA CEM**
 18. (a) Signature of funeral director..... **Walter Butler**
 (b) Address..... **6536 Clayton Rd**
 19. (a) **MAY 19 1947** (b) **J F Bredeck**
 (Date received local registry) (Registrar's signature)

Chronic Myocarditis
 Decompensated
 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?.....
 (Specify type of place)
 While at work?..... (e) Means of injury.....
 23. **Patriet E Taylor Dep Cur**
 Address..... **1300 Clark** Date signed..... **5-19-47**

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

MOTHER FATHER

JUN 3 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 J. Allen Davis Jr
Licensed Embalmer No. 4053
P. O. Address St Louis Mo

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.