

FILED SEP 15 1947
 Registration District No. 5/17

Primary Registration District No. 6076

Registrar's No. 1886

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

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

3. (a) PRINT FULL NAME EDWARD BENJAMIN SMITH
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lucy
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Aug. 2 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>0</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Comptroller

11. Industry or business _____

12. Name Hugh Smith

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

14. Maiden name Mathilda McClellan

15. Birthplace New Port R. I.
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Smith

(b) Address Alt Rd. Eureka, Mo.

17. (a) Burial (b) Date thereof 9-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLINT HILL, MO.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 9-4-47 (b) Carl G. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 30th
 year 1947 hour 11:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8-14 1943 to 8-30 1947
 that I last saw him alive on 8-26 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Chronic myocarditis
 Due to 9310

Other conditions (include pregnancy within 3 months of death) _____

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? _____
(Specify type of place)

(e) While at work? _____ (e) Means of injury 21

23. Signature Albert Meyer (M. D. or other) MD
 Address Eureka, Mo. Date signed 8-30-47

Duration
10 min.
10 yrs.
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

FEB 14 1949

MAY 27 1949

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 Edwin M. Bernath

Licensed Embalmer No. 3024

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.