. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33349

FILED OCT 11 1947

Registration District No. 3947 Primary Registration District No. 4467 Registrar's No. 2015

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Valley Park 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME WALTER M. SMITH
3. (b) If veteran, name war Spanish American
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 Hazel D.
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May (Month) 23 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	3	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired 10 Yrs. Dist.Mgr.
11. Industry or business F. W. Woolworth Co.
FATHER
12. Name James Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hazel D. Smith
(b) Address RR #1 Valley Park, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 9-30-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 26 year 1947 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from 19 May 47 ....., 19....., to 26 Sept 1947; that I last saw him alive on 28 July 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Carcinoma of prostate
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature E H Burford (M. D. ~~or other~~)
Address 958 Arcade Bldg. Date signed 27 Sept 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 4 1948

10150-1

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 Edward A. McDermott

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.