

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 3 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. _____

State File No. **36276**
Registrar's No. **9862**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3420 Nebraska Avenue
(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

3. (a) PRINT FULL NAME **FRED (BEDRICH) SMID**
3. (b) If veteran, name war _____
3. (c) Social Security No. **493-07-0256**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frances Smid**
6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **August 25-1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **1** Days **27**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Cabinet Maker**

11. Industry or business _____

12. Name **Joseph Smid**

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

14. Maiden name **Marie Pohorny**

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

16. (a) Informant **Mrs Frances Smid**

(b) Address **3420 Nebraska Avenue**

17. (a) **Burial** (b) Date thereof **10-25-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS2 Peter & Paul**

18. (a) Signature of funeral director **Myrdell Hud**
(b) Address **1926 Allen Avenue**

19. (a) **OCT 24 1947** (b) **J. Bedrick**
(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. **3420 Nebraska Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **22nd**
year **1947** hour **8** minute **20P.** M.

21. I hereby certify that I attended the deceased from **Feb**
4 19**47** to **Oct. 22** 19**47**
that I last saw him alive on **Oct. 22** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of liver**
Duration **1 year**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **124**

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 **M. R. Wiluchi** (M. D. or other) **MD**
Address **8301-2 Dravois** Date signed **Oct 23 47**

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.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Benjamin L. Duncan*.....

Licensed Embalmer No. **2272**.....

P. O. Address **1926 Allen Avenue**.....

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.