No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36277

Registrar's No. 10068

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

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: 2737 So. Kingshighway Bl. /
(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: Dau

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2737 So. Kingshighway Bl. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: AVRIL A. 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: Nellie

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Apr. (Month) 2 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	28	hr. min.

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

10. Usual occupation: Engineer (Retired)

11. Industry or business: International Shoe Co.

FATHER
12. Name: Joseph Smith
13. Birthplace: France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: France (City, town, or county) (State or foreign country)

16. (a) Informant: Nellie Smith
(b) Address: 2737 So. Kingshighway Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Matthews Cem.

18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.

19. (a) OCT 31 1947 (Date received by local registrar) (b) J. H. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 30 year: 1947 hour: 12 minute: 20 P.M.

21. I hereby certify that I attended the deceased from Oct 6, 1946, to Oct 30, 1947, that I last saw him alive on Oct 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: arteriosclerosis

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: Joseph E. Carney (M. D. or other) MD
Address: 1906 Olive St. Date signed: 10-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 26 Kingshighway

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.