No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40197

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11236

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

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: 4909 Lindenwood Ave.
(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 000

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

(d) Street No. 4909 Lindenwood Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME E. FRANK 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 Alice D.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May (Month) 17 (Day) 1888 (Year)

8. AGE: Years 59 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Service Engineer (Retired)

11. Industry or business Locomotive Fire Box Co.

FATHER
12. Name Unknown
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

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

16. (a) Informant Alice D. Smith
(b) Address 4909 Lindenwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

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

19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1947 hour 6:00 minute P.M.

21. I hereby certify that I attended the deceased from May 23 47, 19, to Dec. 6, 1947, that I last saw him alive on Dec. 3, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	May 23 47
Due to: Hypertension	5 yrs.
Due to:	
Other conditions: Hemiplegia. (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 0

23. Signature Dr L H Bock (M. D. or other)
Address 1504 S Grand. Date signed 12/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 15 1959

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 A. McDermott

Licensed Embalmer No. 302 V

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.