

FILED MAR 4 1948 318

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether years, months or days) **5 Yrs.**

3: (a) PRINT FULL NAME **Charles L. Smith**

3: (b) If veteran, name war **no.** 3: (c) Social Security No. **486-18-4251**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Esther Smith** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **10 22 1881**
(Month) (Day) (Year)

8. AGE: Years **66** Months **3** Days **28** If less than one day hr. min.

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

10. Usual occupation **nil**

11. Industry or business

12. Name **Charles Smith**

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

14. Maiden name **unknown**

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

16. (a) Informant **Charles E. Smith**

(b) Address **2811a N 22 St.**

17. (a) **Burial** (b) Date thereof **2-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **2228 St. Louis Ave.**

19. (a) **FEB 2** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **684**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **112 1/2 N 6th St.**
2J (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **20**
year **1948** hour **11** minute **05 AM**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **1. Fracture of Skull**
2. Subdural Hematoma when he fell
down the stairs leading from
Due to Second to First Floor at the
Globe Hotel, around 3:00 P.M.
February 12, 1948. ACCIDENT.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**
Of autopsy **[Signature]**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Feb. 12, 1948**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
hotel

(e) While at work? **no** (Specify type of place) (f) Means of injury **fall**

23. Signature **[Signature]** (M. D. or other)

Address **Deputy Coroner** Date signed **2-23-48**

FEB 24 1948

1871

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 Elmer R. Pedwell

Licensed Embalmer No. 4077

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.