

FILED JUN 28 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5606**

1. PLACE OF DEATH:

(a) County **ST. Louis, MO.**  
(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:  
**City Infirmery Hospital**  
(If not in hospital or institution, write street, number or location)  
**Sept. 17-45 to 6-20-48**  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3: (a) PRINT FULL NAME

**Myron D. Smith**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased **May 15 1874**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **5** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Nil.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Romanzo Smith**

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

14. Maiden name **Tha. Jennie**

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

16. (a) Informant **City Infirmery Records**

(b) Address **5800 Arsenal ST.**

17. (a) **Burial** (b) Date thereof **6-22-48**  
(Burial, cremation, or removal) (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) **JUN 21 1948** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **ST. Louis,**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. **5800 Arsenal ST.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION -

20. DATE OF DEATH: Month **June** day **20**  
year **1948** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **May -1**  
19 **48** to **June 20** 19 **48**

that I last saw h. **im** alive on **June 20** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** Duration **24 hrs.**

Due to **Cerebral Thrombosis (arteriosclerotic)** **72 hrs.**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **JF**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Same**

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) \_\_\_\_\_

(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 **Mass. Olin** (M. D. or other) **0**

Address **3903 Olive** Date signed **6/21/48**

JUN 1 1949

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**