

FILED DEC 14 1948 **318**
Registration District No.

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: 1103a Montgomery St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years (Specify whether
In this community 42 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1103a Montgomery St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas F. Smith.

3. (b) If veteran, none name war. 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 Laura Smith. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 18th, 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 12 If less than one day
hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Frank Smith
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Burton
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Sarah Smith.

(b) Address 1103a Montgomery St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-3-48
(Month) (Day) (Year)

(c) Place; burial or cremation Carrollton, Missouri
Hy. Leidner U. Co.

18. (a) Signature of funeral director J. B. Lassater

(b) Address 2223 St. Louis Ave

19. (a) DEC 2 1948 (Date received local registrar) J. B. Lassater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1948 hour 11:45 PM minute _____ M.

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 Coronary Thrombosis Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____
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? _____
(Specify type of place)

While at work? _____ Means of injury _____
23. Signature Patrick C. Taylor (M.D. or other) Dec 2 1948
Address 1300 Clark Date _____

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 Jellin Davis Jr
Licensed Embalmer No. 4053
P. O. Address 2223 St. Louis Ave

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.