

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10670
State File No. 2798

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (In this place) <u>67 yrs</u>		a. STATE <u>Missouri</u> b. COUNTY <u>MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3941 N. 19 Street</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
3. NAME OF DECEASED (Type or Print)				a. (First) <u>William</u>		b. (Middle) <u>Smith</u>			
c. (Last) <u>Smith</u>				4. DATE OF DEATH		(Month) (Day) (Year)			
5. SEX <u>Male</u>				6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>May 8, 1878</u>				9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Produce Business</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Henry Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Fredericka Hartmann</u>			
14. NAME OF HUSBAND OR WIFE <u>Millie Smith</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-12-7829</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Millie Smith</u>				ADDRESS <u>3941 N. 19 Street</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated heart</u>				II. OTHER SIGNIFICANT CONDITIONS				2. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				don't know	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Chronic myocarditis</u>					
DUE TO (c)				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>2-28-49</u> , 19____, to <u>3-26-49</u> , 19____, that I last saw the deceased alive on <u>3-23-49</u> , 19____, and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter H. Sporeman</u>				23b. ADDRESS <u>1506 St. Louis</u>		23c. DATE SIGNED <u>3-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>			
DATE REC'D. BY LOCAL REG. <u>MAR 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Suster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Suedmeyer & Sons</u>					
				ADDRESS <u>3934 N. 20 Street</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Neville B. Schwetter

Signed _____
Student Embalmer

Licensed Embalmer No. 3686

P. O. Address 3301 N. 20th ST.

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.