

Registration District No. 791

Primary Registration District No. 1003

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:
14542 Parkview Ave. PL
(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

8. (a) PRINT FULL NAME Andrew J. Smith

3. (b) If veteran, name war _____ 8. (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 Hattie Smith 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 8, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Stereotyper

11. Industry or business _____

12. Name Charles S. Smith

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

14. Maiden name Mary Welland

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

16. (a) Informant's own signature Mrs. Hattie Smith

(b) Address 4542 Parkview Ave.

17. (a) Burial (b) Date thereof 3/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Charles W. Jones

(b) Address 4911 Washington

19. (a) MAR 25 1941 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 18
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4542 Parkview Ave. PL
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
 year 1941 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1940, to March 25, 1941;
 that I last saw him alive on March 24, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis, Chronic

Due to _____
 Due to _____

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death) 10 yrs

Major findings: Of operations _____
 Of autopsy [Signature]

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 [Signature]

23. Signature W. B. Kupper (M. D. or other) M.D.
 Address 402 N. 1st St. St. Louis Date signed 3-25-41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
Thomas R Fenwick

Licensed Embalmer No.....
3793

P. O. Address.....
St Louis, Mo

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, above space should be left blank.