G446
S. No. 2
M—1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12762

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3192

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 0
(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)

In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED: DDD

(a) State MISSOURI (b) County 1120

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3919 A N. 25 STREET
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife NANCY SMITH

6. (c) Age ~~of husband or~~ wife if alive 58 years

7. Birth date of deceased DEC. 7 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	4	4	— hr. — min.

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

10. Usual occupation CUSTODIAN

11. Industry or business RAILWAY EXCHANGE BLDG

FATHER
12. Name ISSAC SMITH
13. Birthplace WEST VIRGINA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CARPENTER
15. Birthplace WEST VIRGINA (City, town, or country) (State or foreign country)

16. (a) Informant NANCY SMITH
(b) Address 3919 A N 25th ST.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof APRIL 14 1941 (Month) (Day) (Year)
(c) Place ~~burial or~~ cremation VALHALLA

18. (a) Signature of funeral director Swadmeyer & Sons
(b) Address 3934 St. Louis Mo.

19. (a) APR 12 1941 (Date received local registrar) (b) J. F. Bedech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11, year 1941 hour 6:25 minute P. M.

21. I hereby certify that I attended the deceased from April 9, 1941 to April 11, 1941 that I last saw him alive on April 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy YES

Duration

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? (e) Means of injury

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Avenue Date signed 4/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.