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DEC 22 1947 91

State File No.

Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 9426

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Memorial Home 5
(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)

3. (a) PRINT FULL NAME John 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 Widowed

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Unknown, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months - Days - If less than one day
hr. min.

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

10. Usual occupation..... Unknown

11. Industry or business.....

MOTHER FATHER { 12. Name Issac Smith

13. Birthplace..... Kentucky /
(State or foreign country)

14. Maiden name Susan Shaw

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

16. (a) Informant Susan Shaw

(b) Address 2609 S. Grand

17. (a) Burial (b) Date thereof Nov. 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4465 Washington

19. (a) NOV 27 1947 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 S. Grand
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26th
year 1947 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 20, 1947, to Nov 26, 1947, that I last saw him alive on Nov 26th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Uraemia

Due to Chr. Int. Nephritis

Due to Arterio Sclerosis

Other conditions 1947
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration 5

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)

(c) Means of injury.....

23. Signature H. D. Campbell (M. D. or D. O.)

Address 5105 Personal Date signed 11/27/47

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

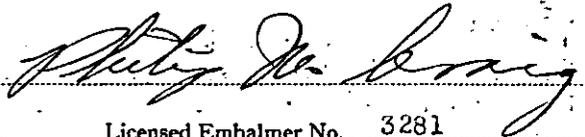
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3281

P. O. Address. 4468 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.