

FILED MAR 17 1947 91

Registration District No. 1

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community work  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 11 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 Montgomery  
(If rural, give location)  
(e) Citizen of foreign country? yes mo (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Peter Smith

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race w. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 1877 years

7. Birth date of deceased 1-28-66 (Month) (Day) (Year)  
8. AGE: Years 66 Months 0 Days 13 If less than one day hr. 1 min.

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

10. Usual occupation junk man

11. Industry or business

12. Name not available

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

14. Maiden name Utah

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

16. (a) Informant 03 man shelter

(b) Address 3225 Montgomery

17. (a) Removal (b) Date thereof 2/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salmon Ohio

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Delmar

19. (a) Feb 14 1942 (b) J. F. Presack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11, year 1942 hour 4:00 minute — P. M.

21. I hereby certify that I attended the deceased from February 11, 1942 to February 11, 1942

that I last saw him alive on February 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis

Due to hypertension

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy refused

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 D

23. Signature P. Mackay (M. D. or other)

Address 1515 Lafayette Date signed 2/11/42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

P. O. Address.....

**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.**