

FILED OCT 6 1942  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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:  
Alexian Bros Hosp. D  
(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 Fred Smith

3. (b) If veteran, name war no. 3. (c) Social Security No. 498-10-6998

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ann Smith 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased. Feb. 5 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>7</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation House Painter

11. Industry or business \_\_\_\_\_

12. Name Charles Smith

13. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Bertaa Miller

15. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Smith

(b) Address 2905<sup>g</sup> Mc Nair Av.

17. (a) Burial (b) Date thereof 9-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem

18. (a) Signature of funeral director With Bro. L. N. L.

(b) Address 2929 S. Jefferson Av.

19. (a) SEP 28 1942 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2905<sup>g</sup> Mc Nair Av. U  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25  
year 1942 hour 7:25 minute a M.

21. I hereby certify that I attended the deceased from Sept. 15, 1942, to Sept 110 1942

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis  
Strep. Viridans

Due to \_\_\_\_\_

Due to Syphilis  
Tuber. Sarsalion 1st

Other conditions. (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Same

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 \_\_\_\_\_

23. Signature L. Hayden (M. D. or other) M.D.

Address 5899 Jefferson Date signed 9/25/42

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

MOTHER FATHER

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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.....

Paul A. Shankle, Registered Apprentice No. ....  
working under my personal supervision.

Signed

Paul A. Shankle

Licensed Embalmer No. 3472

P. O. Address 9929 So. Jefferson

**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.**