

FILED NOV 30 1942 318

State File No. _____
 Registrar's No. 9575

Registration District No. _____ Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 2 Days
(Specify whether years, months or days)

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. 3738 Columbus Ave.
2729 Elliott Ave
(If rural give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Francis Smith
 (b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased Unknown - 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Factor

11. Industry or business Drug Co

MOTHER FATHER
 12. Name Smith
 13. Birthplace Canada _____
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Canada _____
(City, town, or county) (State or foreign country)

16. (a) Informant Emerson Brunsman
 (b) Address Belleville Ill

17. (a) Belleville (b) Date thereof 11-17-42
(Burial, cremation, or removal) (Month), (Day) (Year)
 (c) Place: burial or cremation Walnut Hill, Belleville, Ill

18. (a) Signature of funeral director Emily Brunsman
 (b) Address 150 N. Oak Belleville

19. NOV 17 1942 (b) J. F. Briedeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17, year 1942 hour 1:00 minute 4 A. M.

21. I hereby certify that I attended the deceased from October 15, 1942 to November 17, 1942; that I last saw him alive on November 17, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Arteriosclerosis

Due to _____

Other conditions Semile Pyloric
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____
 While at work? _____
(Specify type of place) Means of injury

23. Signature Louis J. Hendry, M.D. (M. D. or other) _____
 Address 1515 Lafayette Avenue Date signed 11/17/42

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

DEC 7 - 1942

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.....

working under my personal supervision.

Vigil A. Bugman

Registered Apprentice No. *3697*

Signed.....

Vigil A. Bugman

Licensed Embalmer No. *3697*

P. O. Address. *Bellville, Ill*

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.