

FILED DEC 15 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since birth
(Specify whether
In this community no
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3880 Westminster
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Glenn Allen 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 ✓
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct. 17 1942
(Month) (Day) (Year)

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

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

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER
12. Name Harry Smith Jr
13. Birthplace DeCATUR Ill
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Lillian Thompson
15. Birthplace Silver Lake Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Smith Jr.

(b) Address 3880 Westminster

17. (a) Burial (b) Date thereof Dec 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Wagoner and Co.

(b) Address 362 Olive St

19. (a) DEC 1942 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1942 hour 11:35 minute A. M.

21. I hereby certify that I attended the deceased from October 17, 19 42 to December 5, 19 42
that I last saw him alive on December 5, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumatury
Due to Bronchopneumonia

Due to 154
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 154
Of autopsy

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 C. S. Meeker (M. D. or other)
Address 1515 Lafayette Avenue Date signed 12/7/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Melvin L. Kemper

Licensed Embalmer No. *405-2*

P. O. Address *4005 Lexington*

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.