

FILED JAN -5 1942 18

Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#109th Moffitt Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. #109th Moffitt
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country 0

3. (a) PRINT FULL NAME John Karl Smith

3. (b) If veteran, name war no
3. (c) Social Security No. 489-03-5967

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 31 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 20
If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business

MOTHER FATHER
12. Name James Smith
13. Birthplace Cuba
(City, town, or county) (State or foreign country)
14. Maiden name Mary Neigel
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Smith

(b) Address 410th Moffitt

17. (a) Burial (b) Date placed 12/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Suburban cemetery

18. (a) Signature of funeral director J. F. Howard
(b) Address 421st St. Louis Mo

19. (a) DEC 22 1942 (b) J. F. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1942 hour 8 minute as M.

21. I hereby certify that I attended the deceased from Jan 1942 to December 21, 1942
that I last saw him alive on Dec 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 2 years
Carcinoma of Colon 2 1/2 years

Other conditions H6
(Include pregnancy within 3 months of death)

Major findings: See above
Of operations
Of autopsy

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) (e) Means of injury

23. Signature Henry A. Jarell (M. D. or other)
Address 607 N. Grand Date signed 12-22-42

B

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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

Jos. A. Howard

Licensed Embalmer No.

4139

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.