

FILED MAR 10 1943 18  
Registration District No.

Primary Registration District No. 1003

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:  
3814 St. Ferdinand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3814 St. Ferdinand  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William O. 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 Married

6. (b) Name of husband or wife Harriet V. Smith 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 8th, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 15 hr. min.

9. Birthplace Pilot Knob Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business

12. Name Pascal Smith

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

14. Maiden name Eliza Jane nee Smith

15. Birthplace Pilot Knob Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Harriet Smith

(b) Address 3814 St. Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery - Farmington

18. (a) Signature of funeral director Robert J. Ambruster

(b) 6633 Clayton Road

19. (a) FEB 26 1943 (Date received local registrar) (b) J. J. Bredesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd  
year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 2-22- 1943 to 2-23- 1943  
that I last saw him alive on 2-23- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute congestive cardiac decompensation

Due to chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

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 H. H. Feller (M. D. or other) Address 2807 N. Grand Blvd Date signed 2/23/43

Duration 1 wk  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

93d

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

FEB 25 1943

---

---

**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 *Edward J. Bookhart*.....

Licensed Embalmer No. *2502*.....

P. O. Address *Clayton, Mo*.....

**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.**