

FILED MAR 20 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
DESLOGED HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 DAY**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edward J. Smith**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **LENA SKALA** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MAY 7 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **CASEYVILLE ILL.**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED CIVIL ENGINEER**

11. Industry or business
MOTHER FATHER { 12. Name **DENNIS SMITH**
13. Birthplace **IRELAND** 4
(City, town, or county) (State or foreign country)
14. Maiden name **DEWITT KNOWLTON**
15. Birthplace **IRELAND** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **EVELYN GEBKEN**
(b) Address **3319 HUMPHREY**

17. (a) **BURIAL** (b) Date thereof **3/10/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. PETER'S PAUL**
18. (a) Signature of funeral director **John Walker Sons**
(b) Address **2635 Grand Ave**

19. (a) **MAR 2 1943** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **000**
(c) City or town **ST. LOUIS** (d) Street No. **3319 HUMPHREY ST.**
(If outside city or town limits, write "RURAL") (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **d**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **7**
year **1943** 7 hour **45** minute **P** M.
21. I hereby certify that I attended the deceased from **3-6** 19 **43** to **3-7** 19 **43**
that I last saw him alive on **3-7** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the stomach**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **H**
Major findings: Of operations _____
Of autopsy **Carcinoma of stomach**

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 **Lawrence T. Moore** (M. D. or other)
Address **Desloge Hosp.** Date signed _____

9-8-43

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 Robert F. Gebker

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.