

FILED JUL 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6085

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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
(c) Name of hospital or institution 1214 Madison St.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 7/6
(c) City or town St. Louis
(d) Street No. 1214 Madison St.
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME David Smith

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Mrs. Julia Smith
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 9/19/1861

8. AGE:	Years	Months	Days	If less than one day
81	9	13	hr.	min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

MOTHER FATHER

11. Industry or business
12. Name Charles A. Smith
13. Birthplace Sweden 4
14. Maiden name Martha Norris
15. Birthplace Ohio 4

16. (a) Informant Mrs. Julia Smith
(b) Address 1214 Madison St.

17. (a) Burial (b) Date thereof 7-5-43
(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave

19. (a) JUL 3 1943 (b) J. F. Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd.
year 1943 hour 7:14 minute P. M.
21. I hereby certify that I attended the deceased from May 2 1943 to July 12 1943
that I last saw him alive on July 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis - chronic
+ Simple Intestinal
Sclerosis
Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?
Signature J. D. Fisher (M. D. or other)
Address 2505 N. T. ... Date signed 7/2/43

844

Q 9927

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..... *John P. Reichholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis*

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.