

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

2  
43  
39  
35897

FILED JAN 19 1944

Registration District No. **377**

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Clayton, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **? Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Chain of Rocks on Glago Farm**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Smith, Henry**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 12, 1872**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>71</b> | <b>1</b> | <b>23</b> | hr. _____ min. _____ |

9. Birthplace **Spanish Lake, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Caretaker**

11. Industry or business \_\_\_\_\_

12. Name **William Smith**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anne Smith**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **self**

(b) Address **as above**

17. (a) **BURIAL** (b) Date thereof **JAN 14-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SALEM MATH. CEM.**

18. (a) Signature of funeral director **Friedrich F. HOME**

(b) Address **8319 HALLS FERRY RD.**

19. (a) **JAN 13 1944** (b) **C. J. Mc Sarran, M.D.**  
(Date received from physician) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **10**  
year **44** hour **3:40** minute **P** M.

21. I hereby certify that I attended the deceased from **1-3-44**, 19\_\_\_\_ to **1-10-48**, 19\_\_\_\_;  
that I last saw him alive on **1-10-44**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**(1) Broncho pneumonia** Duration **2 wks**

**(2) Hypertensive cardiovascular disease**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
**(Of autopsy) Broncho pneumonia Heart disease** 930  
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 **J. J. Daman** (M. D. or other) \_\_\_\_\_  
Address **St. Louis Co. Hosp** Date signed **1-12-44**

**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.....

Licensed Embalmer No. ....

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.**