

FILED APR 6 1944 318
Registration District No. _____ Primary Registration District No. **1003**

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

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:
En Route to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ 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. 220 N. Kingshighway Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME H. Byron Smeltzer
3. (b) If veteran, name war *****
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28th day March
year 1944 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased March 26 1886
(Month) (Day) (Year)

Coronary Occlusion due to Atheromatous Deposits
Due to _____
W.M.A.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 58 Months 0 Days 3 If less than one day _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Engineer

11. Industry or business Park Plaza Hotel
12. Name Jacob Smeltzer
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Schuster
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Roland Sheadle
(b) Address 220 N. Kingshighway Blvd
17. (a) Removal (Burial, cremation, or removal) **(b) Date thereof** Mar 31 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Court House Ohio

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 3
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 3/30/44

18. (a) Signature of funeral director Petz Brothers
(b) Address MAR 30 1944 3026 Lafayette Ave
19. (a) [Signature] (Date received local registration) **(b) [Signature]** (Registrar's signature)

11105

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 Frank J. Owen

Licensed Embalmer No. 7245

P. O. Address. St. Louis, 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.