

FILED JUN 9 1944 318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

4938  
000

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:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 mos.  
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. 4068a Botanical Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Peter Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 703-03-9913

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 16 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 11 11 hr. min.

9. Birthplace Caseyville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Tele. Operator

11. Industry or business Terminal R.R.

12. Name Dennis Smith

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

14. Maiden name Bridget McKernan

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

16. (a) Informant Catherine Smith

(b) Address 4068a Botanical Ave.

17. (a) Burial (b) Date thereof 5/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) MAY 29 1944 (b) J. F. Bruneau  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 27  
year 1944 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1-4 1944 to 5-27 1944.  
that I last saw him alive on 5-27 1944.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arteriosclerosis  
Diabetes mellitus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Gangrene of toes  
(Include pregnancy within 3 months of death)  
Right lower extremity  
Major findings: amputated through lower third of thigh  
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? \_\_\_\_\_ (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 ✓  
Signature Harold Steele (M. D. or other) \_\_\_\_\_  
Address Mo-Pacific Hospital Date signed 5-27-44

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

**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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Joe S. Benz*

Licensed Embalmer No. 4749

P. O. Address 784 V. ...

**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.**