

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JAN 31 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 713

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:
St. Lukes Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland # 14
(If outside city or town limits, write "RURAL")

(d) Street No. 8933 Tudor
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME REV. ARNOLD SMITH

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 21
year 1945 hour 7 minute 34 P.M.

21. I hereby certify that I attended the deceased from OCTOBER 15, 1944, to JANUARY 21, 1945;
that I last saw h. IM alive on JANUARY 21, 1945;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bertha L.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 19 1876
(Month) (Day) (Year)

Immediate cause of death 1) BRONCHOPNEUMONIA - BILATERAL 2) UREMIA AND 3) LOXEMIA

Due to CHRONIC NEPHRITIS, AND CATARRH CYSTITIS AND MYOCARDITIS

Due to _____

Other conditions HEMIPLEGIA -> LEFT
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 6 Days 2
If less than one day _____ hr. _____ min.

Major findings: 131

Of operations _____

Of autopsy 1) GENERALIZED ARTERIOSCLEROSIS 2) CHRONIC NEPHRITIS AND CYSTITIS 3) CHRONIC MYOCARDITIS AND 4) HYPERTROPHIED PROSTATE

9. Birthplace Edzell Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pastor

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? _____

11. Industry or business _____

12. Name Rev. Christopher Smith

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

14. Maiden name Unknown

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

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. L. M. Gray (M. D. or other)
Address St. Lukes Hospital Date signed 1/23/45

16. (a) Informant Bertha L. Smith

(b) Address 8933 Tudor - Overland Mo

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-28-45
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504 Woodson, Overland Mo

19. (a) JAN 24 1945 (Date received for registration)
J. F. Bredeck (Registrar's signature)

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

2079

96
13
1
NR

Duration
1 Mon.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 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.