

#41642
FILED JUN 4 1945
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME BERT SMITH

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) ~~Single, widowed, married,~~ divorced MARRIED
6. (b) Name of husband or wife ANNA SMITH 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased JANUARY 6 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 19 If less than one day hr. min.

9. Birthplace DES MOINES IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER
12. Name VNK, SMITH
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name VNK
15. Birthplace ENGLAND.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Smith
(b) Address 2629 Park Av
17. (a) BURIAL (b) Date thereof MAY 28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director E. J. Schurz
(b) Address 3125 Lafayette Av
19. (a) MAY 26 1945 (b) J. F. Bradee
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2629 PARK AV.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1945 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from May 2nd, 1945
to May 25th, 1945
that I last saw him alive on May 25th, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac decomposition. Duration _____

Due to arteriosclerotic heart disease
Due to arterial hemorrhage
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none performed PHYSICIAN _____
Of autopsy _____
(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 M. Hara (M. D. or other) _____
Address 1515 Lafayette Date 5/25/45

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

Joe B. Vollmer

Licensed Embalmer No. 4014

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.