S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26154

FILED SEP 14 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7740

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: 5042 Geraldine Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 060
(c) City or town St. Louis 17 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5042 Geraldine Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leonard J. Smith

3. (b) If veteran, name war

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 ~~Gertrude~~ Smith Marguerite

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 13 1864 (Month) (Day) (Year)

8. AGE: Years ~~82~~ 80 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business Berry-Wehmueller Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant ~~Gertrude~~ Smith Marguerite
(b) Address 5042 Geraldine Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 4190 Union Blvd.

19. (a) SEP 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1945 hour 2 minute ~~45~~ A. 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 Coronary Sclerosis — Duration
Due to Arteriosclerosis
Due to 94 yr
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury ?

23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 9-4-45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Thompson

Licensed Embalmer No. 42 87

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
~~County~~ City of St. Louis }

State File No.
Local Registrar's No. 7740

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of Sept, 1945, before me appears Vincent A. Costello, who, upon His oath, states that the original record of ~~birth~~ death for Leonard J. Smith died ~~xxxx~~ Sept 4, 1945, in the State of Missouri, and which was filed at St. Louis on Sept 4, 1945, should be corrected as follows:

Item No. 6(b) should read Margaret E. Smith
Instead of Gertrude Smith

Item No. 16(a) should read Margaret E. Smith
Instead of Gertrude Smith

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Vincent A. Costello Funeral Director
Relationship.

1905 Union Blvd
Present Address.

Subscribed and sworn to before me this 12th day of September, 1945

My Commission expires My Commission Expires March 4, 1949 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
4-43
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