

#55266

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 11663

FILED MAR 20 1946

Registration District No. Primary Registration District No. Registrar's No. 2683

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 - ~~MAX~~ C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000 17/11
(c) City or town ST LOUIS (If outside city or town limits write "RURAL")
(d) Street No. Ogden & Ketter 03225 Montgomery (If front the building)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANDRO SMITH
(b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 19th
year 1946 hour 10:40 minute A M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER
(b) Name of husband or wife (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from 3/13/46 to 3/19/46
that I last saw him alive on 3/19/46 and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 30 - 59 (Month) (Day) (Year)
8. AGE: Years 86 Months 3 Days 19 If less than one day hr. min.

Immediate cause of death: Arteriosclerosis heart disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Same

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

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

11. Industry or business
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) U

16. (a) Informant MISSJOYCE 1
(b) Address 2331 MULLANPHY 1
17. (a) BURIAL (b) Date thereof 3-21-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

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?

18. (a) Signature of funeral director Gullian Kelly
(b) Address 4386 Indell
19. (a) Date received local registrar MAR 21 1946 (b) Registrar's signature J. F. Bradock

While at work? (Specify type of place) (e) Means of injury
23. Signature K. R. Schlademan M.D. 1515 Lafayette 3/19/46 (Date signed)

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

10575

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 *Harold Rowland*
Licensed Embalmer No. *2118*
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.