

FILED AUG 12 1946

STANDARD CERTIFICATE OF DEATH

28196

State File No.

Registrar's No.

Registration District No. 377

Primary Registration District No. 3063

1624

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution one day  
(Specify whether years, months or days)  
 In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
 (c) City or town Maryland Heights 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Midland Ave 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Smith Thomas A

3. (b) If veteran, name war None  
 3. (c) Social Security No. A92-10-0906

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced m.  
 6. (b) Name of husband or wife Secretia Wiles  
 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased 3 31 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>1</u>	hr. _____ min.

9. Birthplace Stoddard County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping & Packing

11. Industry or business F. O. Gabriel Co.

12. Name Thos A Smith

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

14. Maiden name Wm Cole

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

16. (a) Informant Secretia Smith (wife)

(b) Address Midland Ave Maryland Hts

17. (a) Burial (b) Date thereof 8-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See See Cemetery

18. (a) Signature of funeral director Barman Brothers Inc

(b) Address 2504 Woodson Ave St. Louis Mo

19. (a) 8-3-46 (b) E. M. Barman  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1  
 year 1946 hour 2:45 minute 2 A M.

21. I hereby certify that I attended the deceased from 7  
31, 1946 to 8-1, 1946  
 that I last saw him alive on 8-1, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
of the stomach - metastases  
Generalized

Due to 46

Due to \_\_\_\_\_

Other conditions arteriosclerotic heart disease  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations None  
Diagnosable Cause of Death  
 Of autopsy None

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)  
 Means of Injury 1

23. Signature John Hoffe (M. D. \_\_\_\_\_)

Address 601 Parkview Dr Clayton Date signed 8/1/46

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

MOTHER FATHER

AUG 21 1951

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**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 K. Braun* .....  
Licensed Embalmer No..... *4337* .....  
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.**