

No. 2
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5-17-39
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34638, /

State File No.

FILED OCT 16 1946
Registration District No. 517

Primary Registration District No. 3063

Registrar's No. 2071

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(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 & location)
(d) Length of stay: In hospital or institution 4 days
In this community 14 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Heights 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Collins 2
(If rural, give location)
(e) Citizen of foreign country? No 1
If yes, name country

3. (a) PRINT FULL NAME William Smith

3. (b) If veteran, name war World War II 3. (c) Social Security No. 498-03-9857

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 3 10 1921
years (Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 24
If less than one day hr. min.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Factory work

11. Industry or business White Plaster Co

12. Name: Thomas J Smith

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

14. Maiden name: Johanna Meier

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

16. (a) Informant: George Smith (brother)

(b) Address: 1421 Collins R. H.

17. (a) Burial (b) Date thereof: Oct 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Walter Buchlage

(b) Address: 6536 Clayton Rd.

19. (a) 10-7-46 (b) Chas. Green
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9
29 1946 to 10-3 1946
that I last saw him alive on 10-3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Palis nuchales - Bulbar with facial & pharyngeal involvement, plus Palis scroph.
Due to: slits 36

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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. J. ... (M. D. or other) MD
Address: 601 So. ... Date signed: 10/7/46

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

MOTHER FATHER

34638

Clayton Mo

DEC 6 1946

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 John J. Penneha

Licensed Embalmer No. 4194

P. O. Address.....

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.