

No. 2
2-45
17-39
X47070

FILED NOV 12 1946

State File No. 30000

Registration District No. 307

Primary Registration District No. 6076

Registrar's No. 3211

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 8-19-46
(Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights,
(If outside city or town limits, write "RURAL")

(d) Street No. 1331 Mooreland Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SMITH, David B.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
year 1946 hour 10:05 minute A M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 2, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 19, 1946, to November 1, 1946, that I last saw him alive on November 1, 1946, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>30</u>	hr. _____ min. _____

Immediate cause of death MEDIASTINAL TUMOR MALIGNANT (CARCINOMA?) WITH ESOPHAGEAL OBSTRUCTION, PULMONARY METASTASES

Due to METASTASES UNK

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

10. Usual occupation Cook and Baker

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: No Operation

Of autopsy Autopsy Performed (See cause of death)

MOTHER FATHER

11. Industry or business _____

12. Name Thomas J. Smith

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

14. Maiden name Jennie Coughlin

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? _____

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Jefferson Barracks, Missouri

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

(c) Place: burial or cremation National Cemetery

23. Signature E. E. Stillwell, M.D. (M. D. or other) _____
While at E. E. Stillwell (Specify type of place) (Means of injury) _____

Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 11-1-46

18. (a) Signature of funeral director C. Hoffmeister U & L Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) 11-4-46 (b) Ruth G. Altmeyer
(Date received local registrar) (Registrar's signature)

removal to St. Trinity (Licensed Embalmer's Statement on Reverse Side)
11-8-46

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:

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address

7814 S. Broadway

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.