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23139

FILED DEC 24 1946
318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2858a Union Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1946 hour 5 minute 14 P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1945 to 12-12-46, 1946
that I last saw him alive on 12-12-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Hemorrhage Duration 10 days
Due to Hypertension, arteriosclerosis 4-5 yrs

Due to 12/12/46
Other conditions: Nephrosclerosis 4-5 yrs
(Include pregnancy within 3 months of death)

Major findings: Cardiac Hypertrophy 1 yr. PHYSICIAN _____
Of operations _____

Of autopsy: Subdural hemorrhage, Nephrosclerosis, hypertrophy of heart.
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) _____
(e) Means of injury _____
23. Signature A. J. Steiner (M. D. or other) MD
Address 624 N. Grand Date signed 12-14-46

3. (a) PRINT FULL NAME Fred S. Smith

3. (b) If veteran, name war no 3. (c) Social Security No. 489 03 3313

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased: April 5 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 8 7 hr. min.

9. Birthplace: Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation: Glass Beveler

11. Industry or business _____

12. Name: David Smith

13. Birthplace: Little Rock Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name: Ida Murbrutt

15. Birthplace: Little Rock Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant: David Smith
(b) Address: 2858a Union Blvd.

17. (a) Cremation (b) Date thereof: 12 16 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director: J. J. Quinn
(b) Address: 1389 Union Blvd.

19. (a) DEC 15 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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

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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 *Ray Campbell*

Licensed Embalmer No. *3881*

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.