

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(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. 3322 Commonwealth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Roy Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Smith 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 23-1895
(Month) (Day) (Year)

8. AGE: Years 51 52 Months 11 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Tire Dealer

MOTHER FATHER

12. Name Arthur Roy Smith

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

14. Maiden name Ethel Gilstrap

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

16. (a) Informant Mrs Dora Smith

(b) Address 3322 Commonwealth Ave.

17. (a) Burial (b) Date thereof Jan. 7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm C. Magdell

(b) Address 1926 Allen Avenue

19. (a) (Date received local registrar) JAN 6 1947 (b) J. F. Brueck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1947 hour 11 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan. 2, 1947 19____ to Jan. 4, 1947 19____
that I last saw him alive on Jan. 4, 1947 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Subarachnoid hemorrhage

Due to Malignant hypertension

Due to _____

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

Major findings: _____
Of operations: _____

Of autopsy: As above

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?

(Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature: J. R. Bradley (M. D. or D. O. or N. P.)
Address Barnes Hospital Date signed 1/4/47

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

..... Me, Registered Apprentice No.
working under my personal supervision.

Signed Benjamin L. Duncan

Licensed Embalmer No.: 2272

P. O. Address: 1926 Allen Avenue

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.