

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED MAR 31 1948

Primary Registration District No. **1003**

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

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:
2332 Park Ave.
(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 _____

(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2332 Park Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March Day 16 Year 1947 Hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Margaret Smith 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 5, 1885
(Month) (Day) (Year)

Immediate cause of death _____
Lobar Pneumonia

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>01</u>	<u>2</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Louisville, Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

MOTHER FATHER

11. Industry or business _____

12. Name Robert Smith

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

14. Maiden name Mary Lyon

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

16. (a) Informant Mary Sheahan
(b) Address 4055a Kennerly Ave.

17. (a) burial (b) Date thereof Mar. 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? 3
(Specify type of place) (e) Means of injury

23. Signature C. E. Taylor (M.D. or other) _____
Address 1300 Clark Date signed 3-18-47

18. (a) Signature of funeral director Harrigan & Sheahan
(b) Address 4415 Washington Bl.

19. (a) MAR 18 1948 (Date received local registrar) J. J. [Signature] (Registrar's signature)

Emb separate Cert filed

MAR 18 1947

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.....

Licensed Embalmer No.....

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.