No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15661

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4071

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: St. Louis Childrens Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2312
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1837 Lafayette Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Smith, William Joseph
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 2 (Day) 1947 (Year)

8. AGE: Years — Months — Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name William Joseph Smith
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
14. Maiden name Betty Farrow
15. Birthplace ? (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant William Smith
(b) Address 1837 Lafayette Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Cemetery
18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) APR 19 1947 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1947 hour 10:30 minute a M.
21. I hereby certify that I attended the deceased from April 16th, 1947, to April 18, 1947 that I last saw him alive on April 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart disease — Duration
Due to transposition of great vessels
Due to Patent foramen ovale
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 157

PHYSICIAN — 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

Signature [illegible] (M. D. or other) M.D.
Address 4534 Laclede Ave Date signed 4-18-47

(Licensed Embalmer's Statement on Reverse Side)

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.