FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21770

Registrar's No. 1382

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 11 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1603 Lulu Ave., 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME SMITH, Arthur C.
3. (b) If veteran, name war Peace Time
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Regetta
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 5 (Day) 1879 (Year)

8. AGE: Years 69 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Knoxville, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Iron Worker
11. Industry or business
FATHER
12. Name Thomas Smith
13. Birthplace - Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Casey
15. Birthplace - Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Drehmann-Harrall Fu. Home
(b) Address 1905 N. Union, St. Louis, Mo.
19. (a) 6-1-48 (Date received local registrar) (b) Carla J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1948 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from May 20, 1948 to May 31, 1948 that I last saw him alive on May 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MYOCARDIAL INFARCTION	
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy No Autopsy performed

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 (e) Means of injury 0

23. Signature L. E. Stilwell (M. D. XXXX)
Address L.E. Stilwell, Jefferson Barracks, Mo. Date signed 6/1/48

Jefferson City Printing Co. (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 Albert B. Thompson

Licensed Embalmer No. 4227

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.