S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 1 - 1948 10896

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38662

Registrar's No. 10660

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starklof Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 916 Carroll St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Smith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 6th, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	1	hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Leander Smith
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Oscar Smith
(b) Address 3701 W. 3rd. St. Dayton Ohio

17. (a) Burial (b) Date thereof 12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 9 1948 (b) J B Lessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1948 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from 12-3-48
, 19, to 12-7-48, 19;
that I last saw him alive on 12-7-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinomatosis

Due to Carcinoma of the Stomach - Primary

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.

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? (e) Means of injury

23. Signature Thos. L. Bryan M.D. (M. D. or other)
Address 1515 Lafayette Avenue Date signed 12-8-1948

(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. Not Embalmed

Signed John P. Buechholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.