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3906

FILED APR 1 1949

Registration District No. 309

Primary Registration District No. 6050

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town West Alton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 64 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town West Alton
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH 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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 1 18 1885
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Jacob Smith

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

14. Maiden name Margaret Schollmeier

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

16. (a) Informant Frank J. Smith

(b) Address West Alton, Mo.

17. (a) Burial (b) Date thereof 3 4 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director Richard L. Richard

(b) Address 727 Langdon St., Alton, Ill.

19. (a) March 4-1949 (b) Missouri State
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1949 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from May 1936 to March 1, 1949
that I last saw him alive on March 1, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cardiac Dilatation</u>	<u>1 wk.</u>
Due to <u>Myo carditis</u>	<u>8 years</u>
Due to <u>Valvular insufficiency</u>	<u>13 years</u>

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. A. Barnard (M. D. or other) _____

Address Postage Plus Store Date signed 2/3/49

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

MOTHER FATHER

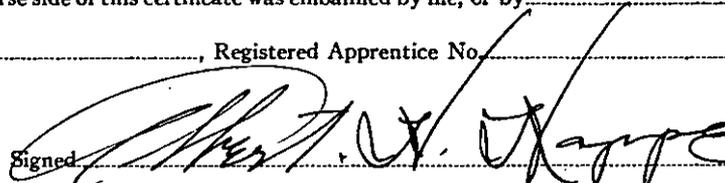
STATEMENT BY LICENSED EMBALMER

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. 1861

P. O. Address.....St. Louis, Missouri

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.