

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hosp.		d. STREET ADDRESS (If rural, give location) 3905 Bowen			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Richard		c. (Last) Smith Jr.	
4. DATE OF DEATH (Month) (Day) (Year) June 15 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 5 1884		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Mt. Hope Cemetery & Mausoleum Co.		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Geo. R. Smith Sr.		13b. MOTHER'S MAIDEN NAME Eugenia Gibbons	
14. NAME OF HUSBAND OR WIFE Marie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Cecile Littmann		ADDRESS 3905 Bowen			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prostatic Carcinoma Obstruction</i>				15 minutes	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Rectal Obstruction</i>		?	
		DUE TO (c) <i>Diabetes Mellitus</i>		?	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6/13/50		19b. MAJOR FINDINGS OF OPERATION <i>Prostatic Hypertrophy, Benign</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 610X	

22. I hereby certify that I attended the deceased from 5/15, 1950, to 6/15, 1950, that I last saw the deceased alive on 6/15, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter G. Gunn</i>		(Degree or title)		23b. ADDRESS 5003 A	
23c. DATE SIGNED 6/16/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-1950	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 17 1950 <i>J. B. Sasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jos. P. Fendler Jr.</i> 7128 Michigan			

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Clarence Kachow

Student Embalmer No.

Licensed Embalmer No.

3093

P. O. Address

7128 Michigan

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.