

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 10817

1. PLACE OF DEATH:
 (a) County St. Louis Missouri
 (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 Childrens
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 hrs
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Shirley Smiley 5460
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex F **5. Color or** col. **6. (a) Single, widowed, married,** divorced _____
6. (b) Name of husband or wife Child **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased 6 3 32
 (Month) (Day) (Year)

8. AGE: Years 7 Months 6 Days 14 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
10. Usual occupation Child

11. Industry or business _____
12. Name Samp. Smiley
13. Birthplace _____
 (City, town, or county) (State or foreign country)
14. Maiden name Leah Rogers
15. Birthplace Mississippi
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address 500 S. Main highway
17. (a) Burial **(b) Date thereof Dec 19-1939
 (Burial, cremation, or removal) East St. Louis Ill (Month) (Day) (Year)
(c) Place: burial or cremation Booker Washington Cemetery
18. (a) Signature of funeral director J. H. Randle Don
(b) Address 3133 Bell Ave
19. (a) DEC 19 1939 **(b) [Signature]**
 (Date registered local registrar) (Registrar's signature)**

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town St. Louis Missouri
 (If outside city or town limits, write "RURAL," _____)
 (d) Street No. 4436 1/2 S Cate Brillante
 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 17
 year 1939 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from 12/10/39
 _____, 1939, to 12/17/1939

that I last saw her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
Immediate cause of death Brain's Disease **Duration** 3 yrs
Continental Cause -
Due to Bronchopneumonia **7 days**
Other conditions _____
 (Include pregnancy within 3 months of death)
Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____
23. Signature [Signature] **(M. D. or other)** _____
Address 200 S. King **Date signed** _____

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. *2698*

P. O. Address..... *2719 Chow*

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, above space should be left blank.