

FILED JUL 17 1940

Registration District No. **701**

Primary Registration District No. **1003**

Registrar's No. **4913**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
Homer Phillips City No 2
(d) Length of stay: In hospital or institution 3 wks.
In this community 1 year.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3309 Franklin Ave.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Pinkie Smith Bursey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race Colored 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased unknown

8. AGE: Years About 40 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Generville Louisiana

10. Usual occupation Housework

11. Industry or business _____

12. Name George Smith

13. Birthplace Generville Louisiana

14. Maiden name Amanda Joe

15. Birthplace Louisiana

16. (a) Informant Dancy Hughes

(b) Address Madison Ark

17. (a) Removal (b) Date thereof 6-5-40

(c) Place: burial or cremation Gravdon Ark

18. (a) Signature of funeral director Harris Funeral Home
(b) Address Orshadolphim Ark

19. (a) JUN 5 1940 (b) J. B. Pridick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1940 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Collage of Right Lung

Due to Parasit of Stomach

Other conditions (Include pregnancy within 3 months of death) (Carcinoma)

Major findings: Of operations _____

Of autopsy 46

Duration

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 J. B. Pridick (M. D. or other) _____
Address _____

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

39

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 *Howard G. Crawford*

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

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.