

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 6578

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether
 In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME Marie Smith 530
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert Smith 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Unavailable- Abt. 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>Abt. 52</u>			hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER
 { 12. Name Unavailable
 { 18. Birthplace Unavailable Louisiana
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unavailable
 { 15. Birthplace Unavailable Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Smith

(b) Address 1522 a Elliott

17. (a) Burial (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Drakson Cem.

18. (a) Signature of funeral director Chas G. Galle

(b) Address 4107 Finney Avenue

19. (a) AUG 2 1940 (b) J. G. Drakson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State 0 Missouri (b) County _____
 (c) City or town St Louis 20
(If outside city or town limit, write "RURAL")
 (d) Street No. 1522 a N Elliott
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
 year 1940 hour 6:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 19, 1940, to July 31, 1940;
 that I last saw her alive on July 31, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Sinus Thrombosis (Cerebral) 3 days
 Duration

Due to Chronic Mastoiditis 20yrs

Due to _____
 Other conditions 88
(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 H. J. Erwin (M. D. or other) _____
 Address 2609 Whittier St Date signed _____

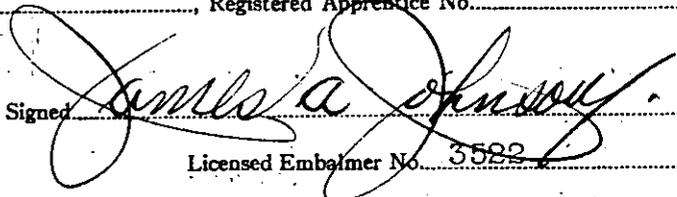
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 3582

P. O. Address 4107 Finney Avenue

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.