

FILED NOV 6 1942 318

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 9062

1. PLACE OF DEATH:

(a) County.....
(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days (Specify whether
In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12
(d) Street No. 3047 Thomas St. (If rural, give location) 921
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Elizabeth Smith

3. (b) If veteran,
name war NO

3. (c) Social Security
No. NONE

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife John Smith 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb 27 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days - If less than one day
hr. min.

9. Birthplace Louisville Miss
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

12. Name George Shields

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

14. Maiden name unknown

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

16. (a) Informant Nellie Joyce

(b) Address 3047 Thomas St

17. (a) Burial (b) Date thereof 10 31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington St.

18. (a) Signature of funeral director D. W. HOLMES

(b) Address 2829 Washington Ave

19. (a) OCT 20 1942 (b) J. J. B. [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27,
year 1942 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from September 28, 1942 to October 27, 1942;
that I last saw her alive on October 27, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Chr. Nephritis
Duration Indef.

Due to 1/31

Due to 1/31

Other conditions 1/31
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/31

Of autopsy 1/31

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 A. K. Fleet (M. D. or other) 0

Address 2601 Whittier Date signed 10/29/42

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 Oliver S. Holmes

Licensed Embalmer No. 4190

P. O. Address 2829 Washington

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.