V. S. No. 2
50M—5-42
Rev. 5-12-39
X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27088

State File No.

FILED SEP 11 1943

318

1003

Registration District No. Primary Registration District No. Registrar's No. 7870

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

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: St Marys. Inf. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ill. (b) County St Clair 11

(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")

(d) Street No. 402 Adams St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Hattie Mae Smith.

3. (b) If veteran, name war none

3. (c) Social Security No. 327-03-4459

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 2 (Day) 1907 (Year)

8. AGE: Years 36 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Mounds (City, town, or county) Ill (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Armour Pkg Co.

MOTHER FATHER

12. Name Ora Smith

13. Birthplace Jackson (City, town, or county) Tenn (State or foreign country)

14. Maiden name Mary F Scurlock.

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

16. (a) Informant Mary Smith

(b) Address Brooklyn Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 2 1943 (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J L Marshall

(b) Address 2205 Mississippi Ave. East St Louis Ill

19. (a) SEP 2 1943 (Date received local registrar) (b) J. T. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1943 hour 19 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 27 1943 to Aug 31 1943 that I last saw alive on Aug 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death (a) Pneumonia
(b) Pneumonia & Phlebitis
(c) Undetermined.

Duration: 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

61

Major findings: Of operations 0

Of autopsy 0

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? (Specify type of place)

While at work? (e) Means of injury

Signature Earl Kellum (M. D. or other)

Address Lyons Ill Date signed 9-2

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

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, fact should be so stated above.