DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11141

FILED APR 18 1946

Registration District No. 1003

Primary Registration District No.

Registrar's No. 3170

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 915 N 22nd St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louisa Smith Furnicie

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 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr. (Month) 1 (Day) 1910 (Year)

8. AGE: Years 35 Months 11 Days 30 If less than one day hr. min.

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

10. Usual occupation Maid

11. Industry or business

MOTHER FATHER

12. Name Tobe Hood

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

MOTHER

14. Maiden name Sadie Glover

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

16. (a) Informant Sarah Miller

(b) Address 915 N. 22nd. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood.

18. (a) Signature of funeral director Dement and Son

(b) Address 2631 Cole St.

19. (a) APR 5 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30 year 1946 hour 10 minute 36b P.M.

21. I hereby certify that I attended the deceased from 3-22, 1946, to 3-30, 1946 that I last saw her alive on March 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease with Decompensation	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy No

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

23. Signature Orion J. Ayer (M. D. or other)

Address 2601 N Whittier Date signed 4/3/46

(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~~ .....

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

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.