

No. 2
5-43
5-17-39
I X36871

FILED OCT 7 1948
318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(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 about 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2777
(If outside city or town limits, write "RURAL")

(d) Street No. 2814 1/2 Sheridan 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Willie Mae Smith Quarles

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

4. Sex Female 5. Color or race Col

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

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

7. Birth date of deceased July 28 1911
(Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name William Smith

13. Birthplace not known Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Margo

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

16. (a) Informant James Quigg

(b) Address 2814 1/2 Sheridan Ave

17. (a) Burial (b) Date thereof 9 26 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director J. F. Bredeek

(b) Address 2625
19. (a) SEP 25 1948 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1946 hour 12 minute 50 A M.

21. I hereby certify that I attended the deceased from 9-15 1946 to 9-23 1946
that I last saw her alive on Sept. 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix with Metastasis Duration Undet.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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 0

23. Signature C. A. Knewell (M. D. or other)

Address 2601-N Whittier St Date signed 9/24/46

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

MOTHER FATHER

0728

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.P. Richardson*.....

Licensed Embalmer No... 2920.....

P. O. Address... City.....

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.