

FILED NOV 6 1948

Registration District No. **318**

Primary Registration District No. **1003**

State File No. ....

Registrar's No. **9232**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
 (b) City or town  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Mo. Baptist Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
 (Specify whether years, months or days)  
 In this community **2 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Johnson 977**  
 (c) City or town **Vienna, Illinois**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **N.R.** (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) **2**  
 If yes, name country

3. (a) PRINT FULL NAME **Geraldine Alsip**

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

4. Sex **F** 5. Color or W race **W** 6. (a) Single, widowed, married, divorced **single**  
 6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **no**  
 7. Birth date of deceased **Jan 8 1940**  
 (Month) (Day) (Year)

8. AGE: Years **8** Months **9** Days **92** If less than one day hr. min.

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

10. Usual occupation **School girl**

11. Industry or business

MOTHER FATHER { 12. Name **Cletus Alsip**  
 13. Birthplace **Tunnell Hill Ill**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Opal Richardson**  
 15. Birthplace **Johnson Co, Ill**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Cletus Alsip**  
 (b) Address **Vienna Ill**

17. (a) **Burial** (b) Date thereof **10/25/48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Vienna, Ill**

18. (a) Signature of funeral director **Rowland Mortuary Service**  
 (b) Address **4104 Manchester Ave**

19. (a) **OCT 26 1948** (b) **J. B. Lesater**  
 (Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**  
 year **1948** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **October**  
**Sept 17** 19 **48** to **Oct 21** 19 **48**  
 that I last saw her alive on **Oct 21** 19 **48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tumor of Brain Trazignat**  
 Due to  
 Due to

Other conditions (Include pregnancy within 3 months of death) **5H**

Major findings: Of operations **Small**  
 Of autopsy

Duration  
 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 **J. B. Lesater** (M. D. or other)  
 Address **4952 Maryland Ave** Date signed **10/23/48**

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

2826

---

---

**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 J. Allen Davis Jr  
Licensed Embalmer No. 4053  
P. O. Address St Louis

**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.**