

FD MAR 25 1947 91
Registration District No. **1**

Primary Registration District No. **1003**

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:
1025 Call, St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Pinkie Lewis Smith

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

6. (b) Name of husband or wife George Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Vink Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Nenny Singleton
13. Birthplace Vink Vink. 9
(City, town, or county) (State or foreign country)
14. Maiden name Vink
15. Birthplace Vink Vink. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Horn
(b) Address 1025 Call, St

17. (a) Burial (b) Date thereof Feb 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington P.K.

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas Ave

19. (a) FEB 6 1944 (b) J. W. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County COO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1025 Call, St. 21
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Feb
year 1944 hour _____ minute 7 M.

21. I hereby certify that I attended the deceased from 2-28
1944 to 2-2 1944
that I last saw her alive on 2-2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death, Influenza
Duration 6 days

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) -

Major findings: Of operations _____

Of autopsy no

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 D. F. Purdie (M.D. or other)

Address 2746 Franklin Date signed 2-5-44

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 *Charles English*

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Av

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, above space should be left blank.