

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5146**

1. PLACE OF DEATH:

(a) County **St Louis, Mo.**
(b) City or town **St Louis, Mo.**
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 days**
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County _____
(c) City or town **Decatur**
(If outside city or town limits, write "RURAL")
(d) Street No. **1905 N. 34th. St.**
(If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lorraine Vertus Smith.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Kenneth** 6. (c) Age of husband or wife if alive **20** years
7. Birth date of deceased **Sept. 28 1920**
(Month) (Day) (Year)

8. AGE: Years **20** Months **8** Days **34** If less than one day hr. min.

9. Birthplace **Mattoon / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Librarian**
11. Industry or business **Public Library**

MOTHER FATHER { 12. Name **David Boyd**
13. Birthplace **Herrick / Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Redburn**
15. Birthplace **Kehl / Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **David Boyd**
(b) Address **Decatur, Ill.**

17. (a) **Removal** (b) Date thereof **6/23/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Decatur, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **JUN 23 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**
year **1941** hour **12³⁵** minute **A** M.

21. I hereby certify that I attended the deceased from **April 26**, 1941 to **June 22**, 1941;
that I last saw her alive on **June 22**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Brain abscess metastatic** Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Bran abscess** PHYSICIAN _____
Of operations _____
Of autopsy _____
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 **[Signature]** (M. D. or other) **[Signature]**
Address **BARNES HOSPITAL** Date signed **[Signature]**

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

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. Wm. Dumbley

Licensed Embalmer No. *3653*

P. O. Address..... *H. Louis, Inc*

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.