

FILED SEP 10 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7347

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:
1411 N. 23rd 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 1411 N. 23rd St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZA SMITH

3. (b) If veteran, name war.....

3. (c) Social Security No. none

4. Sex female 5. Color or race 3 negro 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Henderson Smith 6. (c) Age of husband or wife if alive 27 years (Day) (Year)

7. Birth date of deceased Mar 27 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 21
If less than one day hr. min.

9. Birthplace Duck Hill Miss!
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business.....

MOTHER FATHER

12. Name Boston Keyes

13. Birthplace Duck Hill Miss!
(City, town, or county) (State or foreign country)

14. Maiden name Julia Sanford

15. Birthplace Duck Hill Miss!
(City, town, or county) (State or foreign country)

16. (a) Informant Lincoln Keyes
(b) Address 1210 S. 9th St.

17. (a) Burial (b) Date thereof Sept 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, D.C.

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Sycas. Ave

19. (a) SEP 2 (b) J. F. Bredek
(Date received local registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th year 1942 hour 12 minute 12 M.

21. I hereby certify that I attended the deceased from Aug 28 to Aug 28 1942
that I last saw her alive on Aug 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis chronic
Due to Arteriosclerosis of heart

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1/24

Major findings: Of operations.....

Of autopsy.....

Duration

2 yrs

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.....

Signature: J. F. Bredek (M. D. or other).....

Address 2330 Washington Date signed 9/29/42

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

#P

1911
11 11 11

ELIA SMITH

female
white hair
blue eyes

1911
11 11 11

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 Burleson English
Licensed Embalmer No. 4208

P.O. Address 2931 Lucas Ave

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.