

FILED OCT 6 1942
Registration District No. **782**

Primary Registration District No. **Joo**

Registrar's No. **1884**

1. PLACE OF DEATH

(a) County **St. Louis**
(b) City or town **M. N. of Air Port Rd. On**
(c) Name of hospital or institution: **BROWN RD.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days **Flora Smith**

3. (a) PRINT FULL NAME **Whitlow Colored Female**

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

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **M /**
6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **June 16 1909**
(Month) (Day) (Year)

8. AGE: Years **33** Months **2** Days **15** If less than one day
Between 35 and 50 Years hr. min.

9. Birthplace **Unknown Meridan Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown Eusa Mays**
13. Birthplace **Unknown Miss**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Hattie Brooks**
15. Birthplace **Unknown Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Smith** 3524 Le...
(b) Address **2326 Dickson St. Lo...**

17. (a) **Burial** (b) Date thereof **9-12-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dixon Cem.**

18. (a) Signature of funeral director **Louis H. Bopp Inc.**

(b) Address **Kirkwood, Mo.**

19. (a) **SEP 12 1942** (b) **C. S. Mc Laren**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **343I Pine**
(If rural, give location)
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5**
year **1942** hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....

that I last saw h..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death **Stab Wound of left Breast at hands of parties - unknown - Willie Pickford** Duration

Due to **6 stab wounds of left breast, left lung and left ventricle with**

Due to **hemothorax; Hemopericardium; 4 & 5 left ribs cut across**

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

Major findings:
Of operations.....

Of autopsy **Yes**

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) **Homicide**

(b) Date of occurrence **Sept 5th, 1942** Sept. 1-1942

(c) Where did injury occur? **No. of AirPort Rd on Brown**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? (Specify type of place) (e) Means of injury **3**

23. Signature **Louis H. Bopp** (M.D. or other) **estroner**

Address **Kirkwood, Mo.** 9-8-42 Date signed.....

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

96
00

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.