

FILED OCT 21 1942
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Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks
In this community 10 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida Mae Smith.

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

4. Sex Femal 3 Color or race Negro
5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec, 25th, 1867.
(Month) (Day) (Year)

8. AGE: Years 1867 Months 74 Days 9 16
If less than one day _____ hr. _____ min.

9. Birthplace Paducah Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife
No

11. Industry or business _____

12. Name Melvin Thompson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Gabrilla King
15. Birthplace Richmond Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Melvin Thompson
(b) Address 4252 W. Aldine Ave

17. (a) Shipped (b) Date thereof 10-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paducah Ky.

18. (a) Signature of funeral director Moses Adams
(b) Address 3849 Windsor Place

19. (a) OCT 12 1942 J.F. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St, Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4252 W, Aldine Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 44 hour 9 AM minute _____ M.
21. I hereby certify that I attended the deceased from 7/20/44 to 10/11, 1944

that I last saw her alive on 10/11 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
Duration _____

Due to _____

Due to _____

Other conditions Diaphragmatic Hernia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 William J. Sibley M.D.
Date signed 10/12/44
Address 901 N. Vandeventer

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. A. Grew*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.