

FILED APR 5 1948

1003

Registration District No.

Primary Registration District 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:
2630 Alhambra Ct.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louisa Barbara Smith

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Smith 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. 29 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 29 hr. min.

9. Birthplace Pope County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Andrew Alford
13. Birthplace Mississippi
14. Maiden name Malissa Gillispie
15. Birthplace Pope County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Kinkade
(b) Address Benton, Ill.

17. (a) Removal (b) Date thereof 2/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Ill.

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

19. (a) 1948 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 17
(d) Street No. 2630 Alhambra Ct. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1943 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Mar 19 1940 to Mar 28 1943
that I last saw her alive on Mar 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Occlusion
Due to Coronary Sclerosis
Due to Myocarditis
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None
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?

23. Signature George [Signature] (Specify type of physician) (e) Manner of injury 0
Address 4903 [Address] (M. D. or other) Date signed 3/29/43

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..... *Isy W Wilkinson*.....
..... Licensed Embalmer No..... *3575*.....
..... 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.