

FILED MAY 14 1943
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4242

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00013
(c) City or town St Louis 920
(If outside city or town limits, write "RURAL")
(d) Street No. 2231 a Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Beatrice Smith

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 5 day 3 year 1943. hour 1:00 minute A M.

4. Sex Female 5. Color or race Col, 6. (a) Single, widowed, married, divorced Child

21. I hereby certify that I attended the deceased from 4-26-1943 to 5-3-1943 that I last saw her alive on 5-3-1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death SEPTICEMIA

7. Birth date of deceased May 9th, 1931 (Month) (Day) (Year)

Due to ACUTE PERITONITIS 4-30-43

8. AGE: Years 11 Months 11 Days 24 If less than one day hr. min.

Due to RUPTURED APPENDIX 4-27-43

9. Birthplace East Chicago Ind. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 12/1/1

10. Usual occupation School Girl

Major findings: Of operations GANGRENOUS APPENDIX

11. Industry or business _____

Of autopsy FATTY DEGENERATION - HEART, KIDNEYS, LIVER

12. Name Lee Smith

13. Birthplace Helena Ark (City, town, or county) (State or foreign country)

14. Maiden name Anna Martin (City, town, or county) (State or foreign country)

15. Birthplace Epps Ala. (City, town, or county) (State or foreign country)

16. (a) Informant Lee Smith

(b) Address 2231 a Cass Ave

17. (a) Burial (b) Date thereof 5-8-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) MAY 7 1943 J. F. Budick (Date received local registrar) (Registrar's signature)

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) Manner of injury _____

23. Signature J. C. Sherard (M. D. or other)

Address 2702 A Franklin Date signed 5-9-43

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

MOTHER FATHER

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 L. Boyer

....., Registered Apprentice No.
working under my personal supervision.

Signed

L. Boyer

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo

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.