

FILED JUL 31 1944 8

Registration District No.

Primary Registration District No. 100

Registrar's No. 6464

1. PLACE OF DEATH:

(a) County
(b) City or town: St. Louis, Missouri.
(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.....
In this community: 4 DAYS
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4585 Cotebrillante ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Roberta Smith

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

4. Sex: Female 5. Color or race: 3 Negro 6. (a) Single, widowed, married, divorced: 2 Widow

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

7. Birth date of deceased: Oct 25, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 26 hr. min.

9. Birthplace: Henderson Texas
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: at home

12. Name: Joseph Smith

13. Birthplace: Henderson Texas
(City, town, or county) (State or foreign country)

14. Maiden name: Roxie Cox

15. Birthplace: Henderson Texas
(City, town, or county) (State or foreign country)

16. (a) Informant: Cleo Smith
(b) Address: 4585 Cotebrillante ave

17. (a) Removal (b) Date thereof: 7/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Palestine Texas

18. (a) Signature of funeral director: C. W. Roberts
(b) Address: 1416 Taylor ave

19. (a) JUL 22 1944 J. F. Brodeur
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year: 1944 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 21, 1944, to July 21, 1944
that I last saw her alive on July 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 4 days

Due to: Hypertensive cardio-vascular disease

Due to: _____
Other conditions (Include pregnancy within 3 months of death): _____

Major findings: • 98
Of operations: _____
Of autopsy: _____

Duration
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: Leah M. [unclear] (M. D. or other) _____
Address: 4069 1/2 Easton Pl. Home Date signed: 7/22/44

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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Fulton E. Culkin

Licensed Embalmer No.

4198

P. O. Address

St Louis 13 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.