

FILED DEC 15 1944

318

1003

Registrar's No. 10390

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Infirmary
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution
(Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wash
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1236 N. 16th Street 25
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1)

3. (a) PRINT FULL NAME Alberta Adams Smith

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

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

6. (b) Name of husband or wife Judy 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased JUNE 14TH 1916
(Month) (Day) (Year)

8. AGE: Years 28 Months 5 Days 16
If less than one day hr. min.

9. Birthplace England ARK 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Arhee Jones

13. Birthplace Gethsemane Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Lou Trice

15. Birthplace Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Arhee Jones

(b) Address 1117 N. COMPTON AVE

17. (a) Burial (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Ave

19. (a) DEC 5 1944 J. F. Budeck
(Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 44 hour 7 minute 10P M.

21. I hereby certify that I attended the deceased from Nov. 9
1944 to Nov. 30 1944
that I last saw her alive on Nov 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous pneumonia

Due to Tuberculosis peritonitis

Due to for

Other conditions: 1/2
(include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury 0

23. Signature Will Beeley (M. D. or other)

Address 2316 N. 16th St Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *J. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Chintan*

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.