

FILED JUL 14 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5682

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 2 mo.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4049 N. Market
(If rural, give location) 11
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ALICE SMITH.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jay B. Smith 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Jan 22 1906
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Hope Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER
12. Name Elijah Jackson
13. Birthplace Missouri La.
(City, town, or county) (State or foreign country)
14. Maiden name Suecy Hendricks
15. Birthplace Walnut Grove La.
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Smith
(b) Address 2204 Washington Cary Ind
17. (a) Removal (b) Date thereof June 29 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. F. Marshall
(b) Address 2205 N. Main East St Louis Ill
19. (a) JUN 30 1945 J. F. Bradock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1945 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 15 to June 25 1945
that I last saw him alive on June 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death pernicious anemia

Due to anemia

Due to _____

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

Major findings: Of operations 1/2

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) (c) Means of injury 0

23. Signature E. F. Whordan (M. D. or other) MD
Address 930 N. 2nd St Date signed 6/25

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

copy

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

Signed *Ben. H. Baldurini*

Licensed Embalmer No. *2470*

P. O. Address *East St. Louis, Ill.*

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.