

FILED NOV 2 1945
318

Registration District No. _____ Primary Registration District No. **1003**

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

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

In this community 20 yrs

3. (a) PRINT FULL NAME Mary Smith

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased OCT. 1. 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>0</u>	<u>27</u>	hr. _____ min.

9. Birthplace Hodgenville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER, FATHER

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Williams

(b) Address 3656a Page Blvd.

17. (a) Burial (b) Date thereof 10/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Allen Dales

(b) Address 3506 Franklin Ave

19. (a) OCT 23 1945 J. F. Predick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4321 Kennerly 119
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1945 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from Sept. 28 1945 to Oct. 18 1945
that I last saw her alive on Oct. 18 1955
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Congestive Failure

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No

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 0

23. Signature J. E. Courtney (M. D. or other)

Address 2017 W. Webster Date signed 10/19/45

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..... *Amelia Hanson*

Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

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.