

FILED DEC 31 1945

Registration District No.

Primary Registration District No.

Registrar's No. **10178**

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: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 230 New York St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Yvonne (Eyon) Bennett Smith

3. (b) If veteran, name war..... 3. (c) Social Security No. 6489-20-8001

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

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

7. Birth date of deceased March 15 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	8	6	hr. min.

9. Birthplace Kirkwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business Jefferson Barracks

12. Name Henry Smith

13. Birthplace Fulton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Corsey

15. Birthplace Martinsburg W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Susie Williams

(b) Address 230 New York Street

17. (a) Burial (b) Date thereof 11-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) NOV 25 1945 (b) J. F. Brudeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1945 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from 11-19-45 to 11-21-45
that I last saw her alive on 11-21-45 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia -
tra - bilateral. Duration 8 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 108

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)

23. Signature W. M. Carter (M. D. or other) M.D.

Address 7425 Biddle Date signed 11/24/45

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

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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 John H. Petrus

Licensed Embalmer No. 4184

P. O. Address A. Lewis, Inc.

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.