

FILED APR 5 1946
Registration District No. **318**

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 day s
In this community Abt. 1 Month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County own
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4154 Delmar
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT Blanche Smith
FULL NAME
3. (b) If veteran, name war ---
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1946 hour 3 minute 10 P. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellis Smith
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August 8th 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-5 19 46 to 3-28 19 46
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 7 20 hr. min.

Immediate cause of death Pneumococci Meningitis
Due to
Due to

9. Birthplace McComb Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business -----

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

MOTHER { 12. Name Pink Martin
13. Birthplace McComb Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Susie Anderson
15. Birthplace McComb Mississippi
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Lillian Brack
(b) Address 4154 Delmar Blvd.
17. (a) Removal (b) Date thereof 3/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Illinois
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) MAD 29 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury

23. Signature Orion T. Ayers (M. D. or other)
Address 2601 N. Whittier Date signed 3/31

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

10576

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.....

Thomas J. Gates.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Ave.....

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.