DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15219

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3134

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. Louis

2142 Walnut 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 22 (If outside city or town limits, write "RURAL") 17

(d) Street No. 2142 Walnut (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Viola ~~Smith~~--Johnson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex 3 F

5. Color or race no Col.

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife ~~Bennie Smith~~

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 35 | Months — | Days — | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) a (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name unknown

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

14. Maiden name Unknown

15. Birthplace " (City, town, or county) a (State or foreign country)

16. (a) Informant Bennie Smith 1

(b) Address 2142 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director A. L. Beal Und. Co

(b) Address 2726 Lincoln Ave U

19. (a) APR 8 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

Corr by MOTHER FATHER Jan 29 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Month day 25 year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholic Insanity (Methyl Alcohol) Time, Place, Cause and Manner of some Could not be determined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Gen Sardis

(b) Date of occurrence Undetermined

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Undetermined (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address [signature] Date signed 4/4/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Mo. } ss.
City of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 15-219
Local Registrar's No. 3134

On this 29 day of October, 1946, before me appears Bennie Smith, who, upon his oath, states that the original record of ~~birth~~ death for Viola Smith, ~~born~~ died 3-25, 1946, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Viola Johnson
Instead of " " Smith

Item No. 6a should read single
Instead of married

Item No. 6B. should read — — — —
Instead of Bennie Smith

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bennie Smith Informant
Relationship.

2123 1/2 Chestnut St.
Present Address.

Subscribed and sworn to before me this 28 day of October, 1946.

My Commission expires 3-4-49 Earl C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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