

FILED MAY 17 1946

1003

Registrar's No.

4207

Registration District No. 318

Primary Registration District No.

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:
4400 Easton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 6 yrs
years, months or days)

3. (a) PRINT FULL NAME Marguerite Smith

3. (b) If veteran, name war — 3. (c) Social Security No. no

4. Sex Female 5. Color or race Col
6. (b) Name of husband or wife Bennie 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb 27 1917
(Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 9 If less than one day
hr. min.

9. Birthplace Brooksville Miss
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business

12. Name Henry Lee Orr
13. Birthplace Brooksville Miss
(City, town, or county) (State or foreign country)
14. Maiden name Hannie Thomas
15. Birthplace Brooksville Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Noville Hairston
(b) Address 1116 1/2 N. Leonard Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-12-46
(Month) (Day) (Year)

(c) Place: burial or cremation Brooksville Miss
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Ave

19. (a) MAY 9 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4400 Easton Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
year 1946 hour 2:01 minute 31 P. M.
21. I hereby certify that I attended the deceased from 5/5/46 to 5/6/46
that I last saw her alive on 5/5/46 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Carcinoma of Breasts
Due to 50
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations NO
Of autopsy x-Ray Deep Therapy

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. F. Bredebeck (M. D. or other)
Address 822 N. Jefferson Date signed 5/7/46

MAR 30 1959

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 with the above constitutes grounds for revocation of license.)

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