

S. No. 2
-12-45
5-17-39
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State File No.

FILED MAR 14 1947 18

Primary Registration District No. 1003

Registrar's No. 2212

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

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") 11/7
(d) Street No. 4039 St Ferdinand (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Smith

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

4. Sex F 3. 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 17th 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 15 If less than one day hr. min.

9. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name James Payne
13. Birthplace unk Okla
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mildred Copland
15. Birthplace Montgomery Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Max Smith
(b) Address 4039 St Ferdinand

17. (a) Burial (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. P. Randle & Son
(b) Address 3133 J. Bell Ave

19. (a) MAR 4 1947 (b) J. F. Branch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1947 hour 4:15 minute A. M.

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

Immediate cause of death Pulmonary Embolism (Postoperative)
Contrib: Large Gluteal Abscess;

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) III a

Major findings: Of operations _____
Of autopsy _____
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 3
23. Signature Quince E. Jaylor M.D. or other 3
Address Key St Date signed 3/3/47

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..... *S J Watson*
Licensed Embalmer No. *2691*
P. O. Address. *27th Avenue*

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.