

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9949**

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2328 Belmont
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Helen Smith

3. (b) If veteran, name war No 3. (c) Social Security No. None

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 1908
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 1947 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from 4-25 1947, to 5-17 1947
that I last saw her alive on 5-17-47
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>39</u>	<u>1</u>	<u>27</u>	<u>0</u> hr. <u>0</u> min.
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21. Immediate cause of death _____
Broncho Pneumonia 16 days
(Non-tuberculous)

Due to unknown

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

10. Usual occupation Maid

Other conditions 707
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Fred Smith

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

14. Maiden name Mary Blake

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

Major findings:
+ Of operations _____

Of autopsy Broncho Pneumonia
Repetitive Rheumoid

16. (a) Informant Fred Smith, Jr.

(b) Address 1355 Elliot

17. (a) Burial (b) Date thereof 5 16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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? _____

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) MAY 16 1947
(Date received local registrar)

[Signature]
(Registrar's signature)

23. Signature Henry E. Hampton
(Specify type of place) (c) Means of injury _____

Address 2328 Belmont Date signed 5-11-47

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

MOTHER {
FATHER {

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.