

20
17
9

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

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..... (Specify whether years, months or days) 43 years

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") 17

(d) Street No. 911 N 16th St
25 (If rural, give location) 9

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

If yes, name country.....

3: (a) PRINT FULL NAME Alberta Smith

3. (b) If veteran, name war.....

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1948 hour 01 minute 10p.M.

21. I hereby certify that I attended the deceased from March 20, 19 48, to March 27, 19 48
that I last saw her alive on March 27, 19 48
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased July 26 1904
(Month) (Day) (Year)

Immediate cause of death..... Organic Brain Disease **Duration** Undet.

8. AGE: Years 43 Months 8 Days 1 If less than one day hr. min.

Due to..... 817

Due to.....

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Nurse Work

Major findings:
Of operations.....

11. Industry or business Own Home

Of autopsy No

12. Name Luther Humphrey

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

14. Maiden name Ella Boyd

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

16. (a) Informant Mrs. Jessie W. Brown
(b) Address Festus, Mo

17. (a) Burial (b) Date thereof: 4/2/48
(Funeral, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Crystal City
(b) Address Crystal City, Mo

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?.....

23. Signature Herbert J. ... (M. D. or other) 0
Address 2601 N Whittier Date signed 3/30/48

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 Gentry P. Pelette

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

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.