

No. 2  
-1/47  
-17-39

FILED AUG 28 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town Brooklyn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1713 Washington  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME EMMA SMITH  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 16  
year 1948 hour 12 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Aug 8  
1948 to Aug 16 1948  
that I last saw her alive on Aug 16 1948  
and that death occurred on the date and hour stated above  
Immediate cause of death Cerebral  
Duration

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased: June 25 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 1 21 hr. min.

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

10. Usual occupation Housework at home

11. Industry or business.....

12. Name Luke Robinson

13. Birthplace West Point Miss.  
(City, town or county) (State or foreign country)

14. Maiden name MAGGIE NICHOLSON

15. Birthplace West Point Miss.  
(City, town or county) (State or foreign country)

16. (a) Informant Mattie McSec  
(b) Address 508 Patterson, Indianapolis, Ind.

17. (a) removal (b) Date thereof Aug 17, 1948  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director J. F. Warden  
(b) Address 2205 Mo. Ave., E. St. Louis, Ill.

19. AUG 18 1948 (b) J. F. Warden  
(Date received local registrar) (Registrar's signature)

Due to Chr. Myocarditis & Hypertension  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause of 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?.....  
(Specify type of place)  
While at work..... (e) Means of injury.....  
23. Signature E. F. Warden (M. D. or other) MD  
Address 930 N. 2nd Date signed Aug 16 1948

WRITE PLAINLY—USING 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 Thomas Marshall Robson

Licensed Embalmer No. 4479

P. O. Address St Louis 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.