

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38228

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 10870  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Vernice E. Smart Jr.  
(a) Residence No. 5115 Cates St. 12 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/21/1906

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	20	11	12	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stock Clerk  
(b) General nature of industry, business, or establishment in which employed (or employee) \_\_\_\_\_  
(c) Name of employer Lauer Furniture Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Dakota

10. NAME OF FATHER Vernice E. Smart Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

12. MAIDEN NAME OF MOTHER Cate E. Fry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

14. INFORMANT Cate E. Smart  
(Address) 5115 Cates an

15. REG. - 5 1927 Max E. Starosoff  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Shock & Injuries  
to Cranium of head  
caused by Elevator  
falling  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Accident at  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Wm. D. Waver M.D.  
125 1/2 (Address) Dep. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jessup City Mo DATE OF BURIAL 12/5 1927  
20. UNDERTAKER Max E. Starosoff ADDRESS 3039 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

