

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

Do not use this space.

38497

**1. PLACE OF DEATH**

County.....  
Towship.....  
City..... *St. Louis*

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **11174**  
St..... Ward.....

**2. FULL NAME**

(a) Residence. No. *4578 Evans* St. *11* Ward.....  
(Usual place of abode)

(If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 12 1895*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*32 10 1*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *milk wagon driver*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer *St. Louis Dairy*

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*  
(STATE OR COUNTRY)

10. NAME OF FATHER *John J. Smith*

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

12. MAIDEN NAME OF MOTHER *Susan Carlson*

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

14. INFORMANT *Mrs R. J. Smith*  
(Address) *4578 Evans Av*

15. FILED *211 1927* *Maub Starckoff*  
19... REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 13 1927*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him alive on ..... 19....., on the date stated above, at ..... *130 A. M.*

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

*Shock & Injuries (Internal Multiple Fractures)*

*19.5* (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Cause & Manner Unknown to family* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *NOT AT PLACE OF DEATH*

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF.....  
WAS THERE AN AUTOPSY? *NO*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *C. S. Witt*, M. D.  
(Address) *Cornwall*

\*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 *balvay* DATE OF BURIAL *Dec 15 1927*

20. UNDERTAKER *Buller Kelly* ADDRESS *4526 Baulow*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

