

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

Do not use this space.

6366

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 003  
City St. Louis (No. Barnes Hospital)

File No.....  
Registered No. 1264  
St..... Ward.....

**2. FULL NAME**

Bruce L. Smith  
(a) Residence. No. 5233 Raymond av. 5  
(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**

2. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Vay Meta</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 18 1872</u>		
7. AGE YEARS <u>56.</u>	MONTHS <u>#</u>	DAYS <u>1.</u>
If LESS than 1 day, ____ hrs. or ____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Teacher</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Sullivan High School</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Newman Illinois

PARENTS	10. NAME OF FATHER <u>J. M. Smith</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Newman Ill.</u>
	12. MAIDEN NAME OF MOTHER <u>Ellen M. Pond</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>

14. INFORMANT M. S. Smith  
(Address) 429 N. Hamilton

15. FILED 3 1928 Max C. Handorf  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Feb 2, 1928, that I last saw him alive on Feb 2, 1928, and that death occurred, on the date stated above, at 3:30 a.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Neurama of Brain (cyst). Malignant - 536  
37A  
49 (duration) yrs. mos. ds.  
CONTRIBUTORY: Ex ten Sural Hemorrhage (SECONDARY)  
(post operative) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH. yes. DATE OF 2-2-28  
WAS THERE AN AUTOPSY..... yes.  
WHAT TEST CONFIRMED DIAGNOSIS Autopsy.  
(Signed) W. H. Underhill, M. D.  
Feb 2 1928 (Address) Barnes Hosp

\*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 Newman Ill. DATE OF BURIAL Feb 5 1928

20. UNDERTAKER Ch. Lupton ADDRESS 2449 Olive

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.

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