

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1007

City St. Louis (No. Wassone Home)

File No. 28970
Registered No. 8404
St. _____ Ward _____

2. FULL NAME Mrs Emma Smith

(a) Residence. No. 5351 Delmar St. 12 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

Henry Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 17-1847

7. AGE

YEARS 80

MONTHS 10

DAYS 0

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired housewife

(b) General nature of industry, business, or establishment in which employed (or employee).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY) mo

10. NAME OF FATHER

Samuel B. Pilkington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Elizabeth Melford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Don't know

14. INFORMANT

Nettie Harris

(Address) 5351 Delmar

15. AUG 18 1928

May C. Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 17 1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1921, to Aug 17, 1928, that I last saw him alive on Aug 16, 1928, and that death occurred, on the date stated above, at 3:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

52 Arteriosclerosis
9749 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY)

Carcinomatous
Primary seat on temple (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) D. H. Rice, M. D.

Aug 17, 1928 (Address) 1215 1/2 St. Louis

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

Bellefontaine

DATE OF BURIAL

Aug 18 1928

20. UNDERTAKER

H. B. Berger

ADDRESS

1715 McPherson

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.

