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

Do not use this space.

3560

1. PLACE OF DEATH

County..... Registration District No. 791 File No. .....

Township..... Primary Registration District No. 1993 Registered No. 139

City St. Louis Mo (No. St. Louis Baptist Hosp. St. ..... Ward)

2. FULL NAME Lizzie M. Smikol

(a) Residence. No. Manchester Mo St. N.I. Ward. Manchester Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8-1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bedford
(STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER Anton Smikol

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

12. MAIDEN NAME OF MOTHER Veronica Barby

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

14. INFORMANT Amelia Hollihan
(Address) Kirkwood Mo R. 13

15. FILED JAN — 3 1929 Leo W. O'Brien REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928 to Jan 2 1929 that I last saw her alive on Jan 2, 1929, and that death occurred, on the date stated above at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Thrombosis
4416 AGE 8213
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Gall Bladder
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Died at St Louis Baptist Hospital
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 2-1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) D. M. Hackmann M. D
(Address) Grand & Manchester

*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	DATE OF BURIAL
St. Joseph Manchester Mo	Jan. 5 1929
20. UNDERTAKER	**ADDRESS**
Schader Und Co.	Baldwin Mo

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.

234
2
20
9