

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

Do not use this space.

4068

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1073**

City **St Louis** (No. **2118^a** **W 10⁸**)

File No.

Registered No. **685**

St. Ward)

2. FULL NAME *Walter Smith*

(a) Residence No. St., **N** 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

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) *Oct 23-1869*

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<i>59</i>	<i>2</i>	<i>21</i>	

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Edward Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

May Barabar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14.

INFORMANT

(Address)

*Charles Smith
2118^a W 10⁸*

15.

FILED

*11 1929
May C Starker*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 14 1929*

17. I HEREBY CERTIFY, That I attended deceased from

Jan 13 1929, to Jan 14 1929
that I last saw him alive on *Jan 13 1929*, and that death occurred, on the date stated above, at *4:50 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Star Pneumonia

*108
93E / 101W*
Chronic myoearditis (duration) yrs. mos. *7* da.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy*

(Signed) *Geo DeLoach*, M. D.

(Address) *1809 W 10⁹*

*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 Matthew

1/16 1929

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Wail

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.

Book 1

1821