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

Do not use this space.

[redacted]0

21091

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21091

Township ..... Primary Registration District No. 1003 Registered No. 5942

City St. Louis (No. ISOLATION HOSPITAL St. 24 Ward)

2. FULL NAME Sophie Smith

(a) Residence. No. 2228a Biddle St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	colored	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-14-1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	3	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ben Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) [illegible]
(STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Sarah Sajononey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) [illegible]
(STATE OR COUNTRY) Miss

14. INFORMANT C. Sheridan
(Address) ISOLATION HOSPITAL

15. FILED JUN 19, 1930 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1930 to June 17, 1930 that I last saw her alive on June, 17, 1930 and that death occurred, on the date stated above, at 1.25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs

23A

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of Lungs

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Bacilli in Sputum

(Signed) Henry J. Ulrich M. D.

6-17, 1930 (Address) ISOLATION HOSPITAL

*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
Greenwood Cem.	6/22 1930
20. UNDERTAKER C. N. Roberts	ADDRESS 3035 Lucas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.