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

Do not use this space.

16513

File No.

Registered No. 5034

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1053

City St. Louis Mo. (No. 6833 Magnolia Ave. St. ..... Ward)

2. FULL NAME Jerry D. Smith

(a) Residence. No. 6833 Magnolia Ave. St. 3 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)
Male	White	

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-30-1930

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(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) St. Louis. Mo. 1

PARENTS

10. NAME OF FATHER Henry Smith.

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

12. MAIDEN NAME OF MOTHER Edith Rumpelt

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

14. INFORMANT Jerry D. Smith.
(Address) 6833 Magnolia Ave.

15. FILED APR 27 1931 19 [signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/26 1931

17.
I HEREBY CERTIFY, That I attended deceased from 4/20/31, 19..., to 4/26, 19 31 that I last saw h. alive on 4/26/31, 19..., and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis acute
non Tubercular
107A
186A (duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
Secondary (duration) — yrs. — mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY no
WHAT TEST CONFIRMED DIAGNOSIS Phys. Exam.
(Signed) E. E. [illegible] M. D.
, 19 (Address) 2901 Big Bend Blvd.

*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
Carr Station Mo.	April-27 1931
20. UNDERTAKER	ADDRESS 7146
Crochan Und. Co. Inc.	Manchester Av.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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