

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

Do not use this space.

18341

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 10003
 City St. Louis Mo (No. St. Johns Hosp)

File No.
 Registered No. 4582
 St. Ward)

2. FULL NAME James J. Smith

(a) Residence, No. 4531 Arco Ave St. 15 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-3-1868</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min:
	<u>65</u>	<u>1</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Plumber</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>				
FATHER	13. NAME <u>Patrick Smith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Mathison O Riley</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Thelma Tracy</u> (ADDRESS) <u>4531 Arco Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Coburn</u>		DATE <u>May 26</u> 19 <u>33</u>		
19. UNDERTAKER <u>Am. Emeter and Co.</u> (ADDRESS) <u>4234 Manchester Ave</u>				
20. FILED <u>MAY 27 1933</u> <u>J. P. Bredack</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 - 1933

22. I HEREBY CERTIFY, That I attended deceased from
Jan 18, 1932, to May 23, 1933
 I last saw him alive on May 22, 1933. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency 3/20/33
97% of Self
 Other contributory causes of importance:
Cirrhosis of Liver 1/18/33
(Hypertrophy)

Name of operation None Date of.....
 What test confirmed diagnosis? All Test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify.....
 (Signed) John A. Brennan, M. D.
 (Address) 401 Humboldt Bldg

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.

WRITE PLAINLY, WITH ENFOLDING INK—THIS IS A PERMANENT RECORD

