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

Do not use this space.

31774

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 8507

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

City St Louis (No. Furnish Desloge Hospital ..... St. ..... Ward)

2. FULL NAME Henry Smith

(a) Residence, No. Formerly of 3548 - Desloge St. ..... Ward. 16
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1863

7. AGE: Years 70 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... Det

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Adam Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Frances Smith
(ADDRESS) Arnold Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE Oct 2 1933

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S Broadway

20. FILED SEP 30 1933, 19 ..... J. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23rd, 19..., to Sept 28th, 1933

I last saw him alive on Sept. 28th, 1933. Death is said to have occurred on the date stated above, at 2 p.m.

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

	Date of onset
Mucopus Lung Abscesses resulting from pus cavity of the chest and	
extensive lung lesion	15 yr.
Other contributory causes of importance:	12 yr.
Chs. Myocarditis	7 yr.

Name of operation Abscess Drainage Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) Leo F. Guerra, M. D.

(Address) 1345 So. Grand Blvd

OCT 20 1933

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.