

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

Do not use this space.

38010

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS,

Registration District No. 791
Primary Registration District No. 23
(No. Peoples Hospital)

File No.....
Registered No. 9635
St. Ward)

2. FULL NAME

John T. Smith
(a) Residence, No. 1714 No Sarah St. St. 17 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Della Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>About 62</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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>Lexington Mo</u>
MOTHER FATHER
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT Della Smith
(ADDRESS) 1714 No Sarah

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremwood DATE 11/8/33

19. UNDERTAKER Theo Perkins
(ADDRESS) 3307 Luigs St

20. FILED J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-24-1933, to 11-5-1933

I last saw h.A.M. alive on 11-5-1933 Death is said to have occurred on the date stated above, at 2:25 A.M.

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

Myocarditis } Chronic
Endocarditis
Hypertension
Nephritis - Chronic Parenchymatous

Date of onset 7-3-33

Name of operation..... Date of.....

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

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? No

If so, specify Chas. Weaver, M. D.
(Signed) Chas. Weaver
(Address) 2425 Biddle St.

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.

WRITING INK—THIS IS A PERMANENT RECORD

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