

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

Do not use this space.

2631

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis,** (No. **4226 Grace Ave.**) St. Ward)

File No.
 Registered No. **250**

2. FULL NAME

George M. Smith

(a) Residence, No. **4226 Grace 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 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 **Mathilda Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 4th, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Ret. Tobacco Worker**

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) **Gray Summit, MO.**

13. NAME **Amaziah Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **So. Carolina**

15. MAIDEN NAME **Arrena Ford**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT (ADDRESS) **Mathilda Smith**
4226 Grace Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **N. St. Marcus** DATE **Jan. 8th, 1934**

19. UNDERTAKER (ADDRESS) **Mr. Schumacher**
3013 Meramec Street

20. FILED **Jan 15 1934** **W. P. Brewer**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 5th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **1931** 19... to **Jan 5 1934**, 19...

I last saw him alive on **Jan 5, 1934**, 1934. Death is said to have occurred on the date stated above, at **5/34 p.m.**

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

Arteriosclerosis, General Date of onset
Myelitis Chr. Arterio-sclerotic
Decubitus - Cellulitis
Rt + Lt thighs

Other contributory causes of importance:

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?

If so, specify **W. H. Hustler**, M. D.

(Address) **3720 Washington**

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.

City of St. Louis

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: George M Smith

Who died at _____ on Jan 5 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: arteriosclerosis, Gen myelitis

the arteriosclerosis

Other contributory causes of importance: Decubitus - Calculetic Rt & Lt Septic Trophic

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? (over)

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 _____

Was disease or injury in any way related to occupation of deceased? [initials]

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. F. Brueck 9-6-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,

E. T. McLaugh M.D.

Primary Reg. Dist. No. 1003

Special Agent.

S-2631

This man had very extensive
bed sores all over ~~body~~ The bases
legs + thighs. The cause was
trophic associated with the

myelitis. W.D. United MD

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