

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

Do not use this space.

18251

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City St. Louis (No. 5545 Clemens)

File No.....  
 Registered No. 1711  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Finley Smith

(a) Residence, No. 5545 Clemens St. 5 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 <u>Eliza Ellen Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 1846</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934  
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 9, 1934  
 I last saw him alive on May 8, 1934. Death is said to have occurred on the date stated above, at 1 A.M.  
 The principal cause of death and related causes of importance were as follows:

arterio-sclerosis - senile  
92A Angina Pectoris  
97  
102A  
 Date of onset? 2 yrs  
 Other contributory causes of importance: 94A

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.....  
 (Signed) Louis H. Bohms, M. D.  
 (Address) 102 No Broadway

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt. Vernon Ohio</u>
	13. NAME <u>John Smith</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Westmorland County Penn.</u>
	15. MAIDEN NAME <u>Mary Stewart</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Westmorland County Penn.</u>
	17. INFORMANT (ADDRESS) <u>Laura B. Smith 5545 Clemens</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellvue in Queen</u> DATE <u>5/11/1934</u>	
19. UNDERTAKER (ADDRESS) <u>C. R. Duxton &amp; Sons 4449 Pleasant</u>	
20. FILED <u>MAY 10 1934 J. H. Bredeck Registrar.</u>	

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 UNFADING INK—THIS IS A PERMANENT RECORD

JUN 19 1934

102 N. Bolway  
15 Nat. Life Bldg.  
12-3