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

Do not use this space.

31337

File No. .....

Registered No. 8174

1. PLACE OF DEATH 1935

County ..... Registration District No. 1003 (791)

Township ..... Primary Registration District No. .....

City St Louis Nellie (No. St. John Hosp. St. ..... Ward)

2. FULL NAME Helen Smith

(a) Residence, No. 1620 Quenda Ave. City Univ. City Ward. MC
(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 F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1885

7. AGE YEARS 49 MONTHS 10 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St Louis Mo.

FATHER

13. NAME John Collins

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

MOTHER

15. MAIDEN NAME Delia Satchwell

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

17. INFORMANT (ADDRESS) Geo. C. Smith 1620 Quenda

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 9/30/ 1935

19. UNDERTAKER (ADDRESS) Arthur J. Dempsey Co. 3860 Lindell Blvd

20. FILED SEP 28 1935 J. F. Breheck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 A.m.

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

Bichloride of Mercury poison — Date of onset .....
self administered at residence
while suffering temporary mental

Other contributory causes of importance:
abortions

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

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/26, 1935

Where did injury occur? St Louis County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home.

Manner of injury See above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harold L. Bishop, M. D.

(Address) Depot.

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.

THIS IS A PERMANENT RECORD