

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.

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

Do not use this space.

DEC 12 1935

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Mo Pacific Hosp.)

File No. 37881
Registered No. 9860
St. _____ Ward _____

2. FULL NAME

Eugene James Smith

(a) Residence, No. 9453 Webster Ave St. 21 Ward: _____
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY SMITH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 8, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 12

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

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) MACON MO

13. NAME James Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MACON MO

15. MAIDEN NAME MELVINA BROOKS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROANOKE MO

17. INFORMANT MARY SMITH
(ADDRESS) 9453 WEBSTER AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE FATHER DICKSON CEM. DATE NOV 26 1935

19. UNDERTAKER J. C. THOMAS
(ADDRESS) 311 WAGLEDE AVE

20. FILED NOV 25 1935 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1935 to Nov. 20 1935

I last saw him alive on Nov. 20 1935. Death is said to have occurred on the date stated above, at 6:55 P. m.

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

Uremia due to chronic nephritis
Hypertension Heart Disease
Arterio-sclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? No

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 _____
(Signed) P. H. Charles, M. D.
(Address) Mo Pacific Hospital

Handwritten notes: *TP 532*
Jan 4 1953

Faint, mostly illegible text, possibly a form or document with multiple columns and rows. Some words like "REPORT" and "DATE" are faintly visible.