

NOV 23 1937

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

Do not use this space.

38852

1. PLACE OF DEATH

County St. Louis County
Township Carondelet
City St. Louis

Registration District No. 1123
Primary Registration District No. 1248 E
(No. MT. ROSE HOSPITAL)

File No. _____
Registered No. 405
St. _____ Ward _____

2. FULL NAME

Helen Smith
(a) Residence, No. Flora, Illinois St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Jack Lester Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUGUST 14 - 1903</u>		
7. AGE	YEARS	MONTHS
	<u>34</u>	<u>1</u>
		<u>19</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		11. Total time (years) spent in this occupation <u>14 YRS</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) <u>7-3</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Donald Addison Dell

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

15. MAIDEN NAME Minnie Bradley

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

17. INFORMANT LESTER SMITH
(ADDRESS) 6134 BATES AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FLORA, ILL DATE Oct. 5 1937

19. UNDERTAKER ALBERT H. HOPPE INC.
(ADDRESS) 429 N. GARDNER AVE

20. FILED Oct 4 1937 L. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 193722. I HEREBY CERTIFY, That I attended deceased from April 7 - 1936, to October 3 - 1937I last saw her... alive on October - 3, 1937 Death is saidto have occurred on the date stated above, at 10:45 a.m.

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

Pulmonary Tuberculosis Date of onset 1935JJOther contributory causes of importance: Toxic Myocarditis Sept 1937Name of operation Thrombectomy Date of 10/2/37What test confirmed diagnosis? _____ Was there an autopsy? Yes

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

Accident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John J. Bausch, M. D.(Address) Dr. Louis Mo

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.

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