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

**1 PLACE OF DEATH**

County: St Louis

Township: Carondelet
or
Village: Koch, Mo.
or
City: (No. Robt. Koch Hospital St.; Ward)

Registration District No. 1123 File No. 15745

Primary Registration District No. 6248B Registered No. 153

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** William Smith

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: February (Month) 20 (Day) 1874 (Year)

7 AGE: 42 yrs. 1 mos. 11 ds.

If LESS than 1 day, ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): Not known

9 BIRTHPLACE (City or town, State or foreign country): Kentucky

PARENTS

10 NAME OF FATHER: Charles Smith

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Kentucky

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Koch Hospital Records
(Address): Koch, Mo.

15 Filed: April 2. 1916 L. P. Obrock Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH: April (Month) 1 (Day) 1916 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feby 27, 1916, to April 1, 1916, that I last saw him alive on April 1st, 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

23 A

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. J. Dwyer M. D.

Apl 1st, 1916 (Address) Koch, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death: yrs. 1 mos. 5 ds. In the State: 15 yrs. 1 mos. 5 ds.

Where was disease contracted if not at place of death? St Louis, Mo

Former or usual residence: 5121 Benedict St St Louis, Mo

19 PLACE OF BURIAL OR REMOVAL: Greenwood Cem.

DATE OF BURIAL: April 6. 1916

20 UNDERTAKER: G. Scott & Co.

ADDRESS: 2939 Pine St.