

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.

6047

1. PLACE OF DEATH

County..... Registration District No. 8311
Township..... Primary Registration District No. 3000
City St. Louis (No. St. Marys Infirmary) St. _____ Ward _____

File No. _____
Registered No. 1709

2. FULL NAME

(a) Residence, No. Granite City Ill. St. _____ 9 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander G. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

10. NAME OF FATHER Edw. Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Jane McCreay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Robert A. Smith
(Address) Granite City Ill.

15. FILED 13 1924 Max B. Starosoff
19 _____ REGISTERED

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 10th 1924
17. I HEREBY CERTIFY, That I attended deceased from January 9th 1924, to Feb 10th 1924
that I last saw h. alive on Feb 10th 1924, and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic diffuse nephritis
131/97/162
open (duration) 1 yrs. — mos. — da.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis, atherosclerosis
open (duration) 1 yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED Granite City Ill.
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS urine + labors
(Signed) Arthur C. Kerake, M. D.
2/11/24 (Address) 316 Univ. Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Middlebrook Mo DATE OF BURIAL 2-13 1924
20. UNDERTAKER Arthur J. Connelly ADDRESS 2039 Wash St

