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.

28 19

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

Do not use this space.

2458

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 44
City (No. 221 B Jefferson Barracks Mo. Ward)

2. FULL NAME Wesley W. Smith
(a) Residence. No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1. 1918

7. AGE: Years 8 — Months 6 — Days 27 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER John W. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Francisville
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Ruth Bosanko
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Illinois

14. INFORMANT Sergt. Hathaway
(Address) 1221 B. Jeff Bks Mo

15. FILED Jan 29, 1927 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1927

17. I HEREBY CERTIFY, That I attended deceased from 11 Jan, 1927, to 28 Jan, 1927 that I last saw him alive on 28 Jan, 1927 and that death occurred, on the date stated above, at 12 50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enteric Colitis
106A 120B 114 B (duration) yrs. mos. 17 ds.
CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) yrs. mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edward Richter, M.D.
Jan 28, 1927 (Address) 7310 Michigan ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Walnut Hill Cem Belleville Ills — DATE OF BURIAL: 1/30 1927

20. UNDERTAKER: C Hoffmeister U & Co — ADDRESS: 7814 S. Bdwy