WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD 11-12 or 4-6

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.

16976

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4939

Township ..... Primary Registration District No. 1003 Registered No. 4939

City St. Louis, Mo. (No. 1539 Louisiana St. ..... Ward)

2. FULL NAME Francis A. Smith

(a) Residence. No. 1539 Louisiana St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 - 1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
13	3	1	

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) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Harold Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER: Margaret Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. INFORMANT: Margaret Smith
(Address) 1539 Louisiana

15. FILED 4 26 1927 Max C. Harkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 - 1927

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1927, to May 22, 1927 that I last saw him alive on May 21, 1927, and that death occurred, on the date stated above, at 4.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Mitral regurgitation of Heart~~
Exhaustion
92 A

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Mitral regurgitation of heart

(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 90A
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John H. Dwyer, M. D
5-25-, 1927 (Address) 4703 S. Grand av

*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: Calvary Cemetery
DATE OF BURIAL: 5-27 1927

20. UNDERTAKER: Peetz Bros. 3029
ADDRESS: Lafayette

4 p.m.