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

Do not use this space.

JUL 30 1927

19449

1. PLACE OF DEATH

County ST. LOUIS

Township CARONDELET

City (No. 8300 Gravois St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 G

File No.

Registered No. 240

2. FULL NAME Joseph Smid

(a) Residence. No. 8300 Gravois 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 none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-27

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Fred Smid

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Europe

12. MAIDEN NAME OF MOTHER Frances Matula

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Europe

14. INFORMANT Fred Smid
(Address) 8300 Gravois

15. FILED June 25, 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to June 24, 1927 that I last saw h. 1 M alive on June 24, 1927, and that death occurred, on the date stated above, at 4 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
(7 month Gestation)
Total
151 (duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 1610

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

6/25 (Signed) J. Andrew Youngman, M. D.
, 1927 (Address) Sappington Mo

*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 S. S. Peter & Paul

DATE OF BURIAL June 25 1927

20. UNDERTAKER Wm. C. Mondell

ADDRESS 1926 Allen

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD