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

Do not use this space.

23033

File No. 6716

Registered No.

1. PLACE OF DEATH
County People Hospital
Registration District No. 791
Township
Primary Registration District No. 1003
City St Louis mo (No. Peoples Hosp St. Ward)

2. FULL NAME Nellie Smith
(a) Residence. No. 4220A Ashland St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 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: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE: About 57 YEARS | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) mo

PARENTS
10. NAME OF FATHER Ramsey Price
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER Mary Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) mo

14. INFORMANT Asrow Smith
(Address) 4220A Ashland ave

15. FILED 21 1927 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1927

17. I HEREBY CERTIFY, That I attended deceased from July 9th 1927, to July 20 1927 that I last saw her alive on July 20 1927 and that death occurred, on the date stated above, at 12.30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis with auriculair fibrillation (acute heart failure) about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes about 2 (duration) 2 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? none
WHAT TEST CONFIRMED DIAGNOSIS? Lab. Tests
(Signed) Herman J. Rosenfeld M.D.
, 19 (Address) 601 Metrop. 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cemetery
DATE OF BURIAL: 7/24 1927

20. UNDERTAKER: Dunn Bros
ADDRESS: 215 S Jefferson ave

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.