

OCT 2 1927

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

Do not use this space.

25385

1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township CentralPrimary Registration District No. 6033City Richmond Heights (No. 1410) Silverton

File No.

Registered No. 209

St. Ward)

2. FULL NAME Charles E. Smith(a) Residence. No. 1410 Silverton 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-10-1836

7. AGE

YEARS 91MONTHS 3DAYS 2

IF LESS than I day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret.(b) General nature of industry, business, or establishment in which employed (or employer) P. R. Freight Agt.(c) Name of employer Leligh Valley R. R.9. BIRTHPLACE (CITY OR TOWN) Philadelphia(STATE OR COUNTRY) Penn.10. NAME OF FATHER James Smith11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mammouth(STATE OR COUNTRY) Virginia12. MAIDEN NAME OF MOTHER Anna Bolton13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Abecox(STATE OR COUNTRY) New Jersey

14.

INFORMANT Therese E. Chester
(Address) 1410 Silverton Richmond Heights

15.

FILED 9/3/27J. B. Buddert

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 19 2717. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Aug 12, 1927 and I last saw him alive on Aug 10, 1927, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial
infarction
937 9013
10/3/27 (duration) yrs. 3 mos. da.CONTRIBUTORY (SECONDARY) bronchitis
(duration) yrs. 10 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. S. Wright, M. D.Aug, 19 27 (Address) 503 Wash Blvd.

*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

DATE OF BURIAL

Philadelphia Penn. Aug. 14 19 27

20. UNDERTAKER

ADDRESS

Alexander & Sons 6175 Delmar

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

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.

