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

Do not use this space.

34818

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 9957

City St Louis (No. 5613, Cote Brilliant St. ..... Ward)

2. FULL NAME Elmer Winthrop Smith

(a) Residence. No. 5613 Cote Brilliant St., 6 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.

5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Laura C Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs., or ..... min.
59	—	24	

45

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cornice Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Smith Cornice Works

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) German Town
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Edgar J Smith

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

12. MAIDEN NAME OF MOTHER Mary Caldwell

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

14. INFORMANT Elmer A Smith
(Address) 5613 Cote Brilliant

15. FILED NOV -8 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1927, to Nov. 7, 1927 that I last saw him alive on Nov. 5, 1927, and that death occurred, on the date stated above, at 8:17 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Larynx and throat involving neck & tongue about 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bad Sharp tooth about 4 yrs. ..... mos. ..... ds.

49

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M J Hopkins, M. D.

, 19 (Address) 3756 Lindell B

*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
Lake Charles Cemetery	Nov. 9, 1927
20. UNDERTAKER	ADDRESS
Drehmann Harrel	1905 Union

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.

WHITE PAPER, WITH UNFADING INKLETHIS IS A PERMANENT RECORD

~~3756~~ Lindall
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Jeff 8831
10-Tue 12 am