

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

Do not use this space.

2839

1. PLACE OF DEATH

County.....

Registration District No. **791**

Town.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **2126** **Eugenia**)

File No. **419**

Registered No. **419**

St. Ward)

2. FULL NAME

John Smith

(a) Residence. No. **2126 Eugenia** St., **22** Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **12** 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

Col.

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF **Curley Smith**

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

Not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 39

8. OCCUPATION OF DECEASED

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

Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Helena Ark.

10. NAME OF FATHER

John Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Isabelle Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT

(Address)

**Curley Smith
2209 W. Grand St.
St. Louis**

15.

FILED

**AN 12 1928
Nov 6 Starkeoff**

REGISTER

MEDICAL CERTIFICATE OF DEATH

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

found dead Jan. 9 1928

17.

I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Freezing
1910**

CONTRIBUTORY (SECONDARY)

**Due to Exposure
(duration)..... yrs. mos. ds.**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Geo. Dever** M.D.
(Address) **Deputy Coroner**

*State the DISEASE CAUSING DEATH, or in death 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

Greenwood Cem.

11/13 1928

20. UNDERTAKER

Jeff. C. C.

Dever Bros.

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.

