

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

Do not use this space.

6402

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 3212 Sullivan Ward)

File No.

Registered No. 1305

2. FULL NAME

(a) Residence, No. 3212 Sullivan 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 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21 - 1887

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>40</u>	<u>2</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

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

(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) St. Louis MO

10. NAME OF FATHER Robert DeJong

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

12. MAIDEN NAME OF MOTHER Sarah Cronin

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

14. INFORMANT Helle DeJong
(Address) 3212 Sullivan St.

15. FILED FEB -4 1928 Ward REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Feb. 3, 1928 that I last saw him alive on Feb. 29, 1928, and that death occurred, on the date stated above, at St. Louis m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bowel
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 45
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF June - 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? sections of tissue

(Signed) D. A. Thompson M.D.

Feb. 4, 1928 (Address) 3121 U Grand.

*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 Bellefontaine Cem. DATE OF BURIAL Feb 5 1928

20. UNDERTAKER A. Leon Pico ADDRESS 2707 N. Grand

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.

