

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003** File No. **25991**
 City **St. Louis** (No. **1003** City **North St. Louis** Registered No. **7857**
 (Usual place of abode) (If nonresident give city or town and State)

2. FULL NAME

(a) Residence. No. **7613 - 8 2nd** St., **23** Ward.
 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 14-1927**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 - | 7 | 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **none**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Richard Smith**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Marie Hess**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Indiana**
 (STATE OR COUNTRY)

14. INFORMANT **Richard Smith**
 (Address) **7613 - 8 2nd St**

15. FILED **31 1928** **Mar C Stanley**
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 30 1928**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that death occurred, on the date stated above, at **10 9 a. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Gastro-Enteritis
117B
106B (duration) yrs. mos. da.

CONTRIBUTORY **Bronchitis**
 (SECONDARY) (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **J. W. Keener, M.D.**
7/31 1928 (Address) **Dep. Coroner**

*State the DIRECT 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 **New St. Marcus** DATE OF BURIAL **July 31 1928**

20. UNDERTAKER **Wacker-Helderle** ADDRESS **2331 S. Broadway**

PERMANENT RECORD

WITH UNFADING INK--THIS IS

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.

