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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

Primary Registration District No. 1003

(No. 4949 Wabada Ave St. ..... Ward)

File No. 35002

Registered No. 9576

2. FULL NAME Maurice H. Smith

(a) Residence. No. 4949 Wabada St., 6 Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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) 5-20-1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
70	4	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: City Weigher

(b) General nature of industry, business, or establishment in which employed (or employer): 94A

(c) Name of employer: 93S

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 111A

PARENTS

10. NAME OF FATHER: John M. Smith

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

12. MAIDEN NAME OF MOTHER: Malvina Kramer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs A. S. Ludwig
(Address) 4949 Wabada Ave

15. FILED 10 1928 Max C Starkoff
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. - 8 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Oct - 8, 1928, that I last saw him alive on Oct - 8, 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

Gall Bladder Disease

(Chronic) Cholecystitis

(duration) X yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lung Infarct, Chronic Myocarditis (duration) X yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 27, 1927.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiographic

(Signed) [signature], M. D

10/9, 1928 (Address) [illegible]

*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: Memorial Park

DATE OF BURIAL: 10/11 1928

20. UNDERTAKER: W. A. Stock Und Co

ADDRESS: 2117 E Grand