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

Do not use this space.

43088

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1403

City St Louis (No. Mullanphy Hospital St. ..... Ward)

File No. ..... Registered No. 12577

2. FULL NAME Elizabeth C. Smith

(a) Residence. No. 1389 Union Av St., C 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter M Smith Sr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt	47			

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer at Home

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER John Doyle

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

12. MAIDEN NAME OF MOTHER Catherine Doyle

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

14. INFORMANT Walter M Smith Sr
(Address) 1389 Union Boulevard

15. FILED DEC 19 1928, 19 ..... Roy C Starbird REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Dec 18, 1928, that I last saw h. alive on Dec 18, 1928, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
1333
1034 000

(duration) — yrs. — mos. 1½ ds.

CONTRIBUTORY (SECONDARY) Lung Goiter cyst-Rt
Kidney - Non malignant
(duration) 1 yrs. — mos. — ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 4-1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) R Beuhner Thos, M. D

12/18, 1928 (Address) 1117 N 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 Calvary Cem Mo — DATE OF BURIAL Dec 21 1928

20. UNDERTAKER Thos J Finan — ADDRESS 1519 Grand

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.