

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

Do not use this space.

4330

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis Mo (No.....)

File No.

Registered No. 939

St. Ward)

2. FULL NAME

Baby Charles Smith

(a) Residence. No. 4661 E. Euclid St. 11 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Office mos. 11 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

negr

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

—

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

—

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26, 1928

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|----------|--------|-----------|----------------------------------|
| | <u>—</u> | | <u>24</u> | <u>—</u> |

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER Sam Smith

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

12. MAIDEN NAME OF MOTHER Martha Smith

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

14. INFORMANT (Address) Sam Smith 4661 E. Euclid

15. FILED JAN 21 1929 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1929 to Jan 19 1929 that I last saw him alive on Jan 18 1929, and that death occurred, on the date stated above, at 11:30 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branch Pneumonia
(Primary)
(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) 100%
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF —
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Wiley, M. D.
(Address) 4320 Easton

*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 Washington Park **DATE OF BURIAL** 1-21-1929

20. UNDERTAKER Gates Funeral Home 4107 Linne **ADDRESS**

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.

