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

Do not use this space.

8805

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2480

City St. Louis, Mo. (No. St. Louis Childrens Hospital St. ..... Ward)

2. FULL NAME William Smith

(a) Residence. No. 4407 Kennerly Ave. 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred One 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)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-24-25

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	6	28	

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) New Orleans, (STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER James Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baton Rouge (STATE OR COUNTRY) Louisiana

12. MAIDEN NAME OF MOTHER Caroline Rowline

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Orleans (STATE OR COUNTRY) Louisiana

14. INFORMANT Hiemenz (Address) 500 S. Kingshighway Blvd

15. FILED FEB 25 1929 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22-29 19

17. I HEREBY CERTIFY, That I attended deceased from 2-21, 1929, to 2-22, 1929 that I last saw him alive on 2-22, 1929, and that death occurred, on the date stated above, at 7 15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic cardiac valvular disease (mitral)

72A (duration) 0 yrs. 6 mos. 0 ds.

75B

CONTRIBUTORY (SECONDARY) Cardiac decompensation (duration) 0 yrs. 0 mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) A. C. Edwards, M. D

2-22, 1929 (Address) 500 S. Kingshighway

*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 Greenwood

DATE OF BURIAL 2-25 1929

20. UNDERTAKER A. F. Walton

ADDRESS 2701 Stoddard St

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.