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

Do not use this space.

22728

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6134

City St. Louis Mo. (No. 2007a Market St. St. ..... Ward)

2. FULL NAME George Smith

(a) Residence. No. 2007a Market St., W 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: Male
4. COLOR OR RACE: Cold
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1st 1890

7. AGE: Years 39 | Months 2 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Oklona Miss

PARENTS

10. NAME OF FATHER: Doc Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Oklona Miss
12. MAIDEN NAME OF MOTHER: Susie Burgess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Oklona Miss

14. INFORMANT: Henrietta Smith
(Address) 2007a Market St.

15. FILED JUN -6 19 Max C Warden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-4 1929

17. I HEREBY CERTIFY, That I attended deceased from May 27 1929 to June 4 1929, that I last saw him alive on June 4, 1929, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Acute Bronchitis non Tubercular (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED 90B

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) James J. Aldrich, M. D.

, 19 (Address) St Louis Mo

*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 Ill. DATE OF BURIAL: June 9th 1929

20. UNDERTAKER: A. L. Beal Und Co ADDRESS: 2726 Lucas

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.

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[illegible] WITH [illegible] INK—THIS IS A PERMANENT RECORD