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

Do not use this space.

26269

File No. .....
Registered No. 7483

1. PLACE OF DEATH

County ..... Registration District No. 721
Township ..... Primary Registration District No. 10038
City St Louis Mo (No. City Infirmary ..... St. ..... Ward)

2. FULL NAME Rudolph Smith

(a) Residence. No. 5800 Arsenal St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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*)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/14/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	2	28	

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) Pa
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Henry Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT M. Effinger
(Address) 5800 Arsenal St

15. FILED 7 17, 1929 Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/12 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/7/28, 1928, to 7/12, 1929, that I last saw h. alive on 7/12, 1929, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr myocarditis 1 yr
1 yr
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? 816 Market St
(IF NOT AT PLACE OF DEATH)
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Geo J Fallery, M. D.
, 19 (Address) 3600 Arsenal.

*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	DATE OF BURIAL
St. Louis U.	7-17 1929
20. UNDERTAKER	**ADDRESS**
Walter Richter	3500 Rutger St

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.

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