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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No. 69854

Township — Primary Registration District No. 1003 — Registered No. 1854

City St. Louis (No. Alexian Bros Hosp. St. Ward)

2. FULL NAME John C. Smith

(a) Residence. No. New Haven Mo St. 24 Ward. New Haven, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 7 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	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Laura Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-15-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	11	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT R. S. Utt, N.D.
(Address) 3803 So Broadway

15. DATE RECEIVED 19 — FILED 19 — Paul C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-4, 1930, to 2-19, 1930, that I last saw h. ~~him~~ alive on 2-18, 1930, and that death occurred, on the date stated above, at 9 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Terminal Pneumonia
Lobar
Cyst
1 1/2 B (duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cystitis Chronic
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Total
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward T. Sassin, M. D.
2/19, 1930 (Address) 1701 Park

*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
Washington Mo	2-19 1930
20. UNDERTAKER	ADDRESS
W. L. Schumacher	Meramec

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.