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

Do not use this space.

7062

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 03

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

File No. ..... Registered No. 1331

2. FULL NAME Maggie Smith

(a) Residence. No. 2614 Whittier 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 71 yrs. 1 mos. 1 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)
Female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1. 1860

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework ~~Unknown~~
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Edward Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown Crommelin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT J. L. Vernenil M.D.
(Address) 5400 Arsenal St.

15. FILED Feb 3 1931 Ray C. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Feb. 2, 1931, that I last saw her alive on Feb. 2, 1931, and that death occurred, on the date stated above, at 2:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

131

93C (duration) yrs. 7 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis (Interstitial)

(duration) yrs. 7 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Path & Clinical
(Signed) J. L. Vernenil, M. D.
Feb 2. 1931 (Address) 5400 Arsenal St.

*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
New Bethlehem	Feb. 4, 1931
20. UNDERTAKER	**ADDRESS**
Suedmeyer & Sons	3934 N. 20

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.