

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis mo** (No. **2620 Park**)

File No. **7391**
Registered No. **1707**
St. Ward)

2. FULL NAME

Anna K. Smith

(a) Residence. No. **2620 Park** St., **23** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1854		
7. AGE YEARS abt 77	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **New Hampshire**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Keys**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **New Hampshire**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Anna Upton**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **New Hampshire**
(STATE OR COUNTRY)

14. INFORMANT **G. Emerson Smith**
(Address) **2620 Park**

15. FILED **10 18 1931**
REGISTRAR **W. C. Starnes**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2-9-1931**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 9** 1931, to **Feb 9** 1931, that I last saw her alive on **2/9** 1931, and that death occurred, on the date stated above, at **H. A. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardial infarction

CONTRIBUTORY (SECONDARY) **arteriosclerosis**
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? **0**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **W. Shaulder**, M. D.
2/9, 1931 (Address) **1514 So. Jefferson**

*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 **mo. Crematory** DATE OF BURIAL **2-11 1931**

20. UNDERTAKER **M. Laughlin** ADDRESS **1631 mo ave**

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.

