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.

MAY 27 1931

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

Do not use this space.

15534

1. PLACE OF DEATH

96 County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 B. — Registered No. 161

City ..... (No. 6183, Bertha Ave St. ..... Ward)

2. FULL NAME Daniel F. Smith

(a) Residence. No. 6183 Bertha Ave St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	11	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 29

(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) Kansas 2

PARENTS

10. NAME OF FATHER Nanon Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) Don't know 31

14. INFORMANT Mr. Elmer Smith (Address) 6183 Bertha Ave.

15. FILED 4/30, 1931 Rolla Bracy, M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1931

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to April 30, 1931 that I last saw him alive on April 30, 1931, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A

82A 97

102 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis: High Blood Pressure (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Same

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D.

4/30, 1931 (Address) 1492 Hodiamont

*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
Memorial Park Cem	5-2 1931
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton ave.

Dr [illegible]
1492 [illegible]