

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

Do not use this space.

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26605

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo.* (No.)

Registration District No.....
Primary Registration District No.....
City *Infirmary*

File No.....
Registered No. *7759*
St. Ward)

2. FULL NAME *Ida 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 *41* yrs. *11* mos. (*Life*) How long in U. S., if of foreign birth? yrs. mos. ds.

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 *Beecher Smith*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 3, 1869.*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>61</i>	<i>11</i>	<i>8</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *Missouri*
(STATE OR COUNTRY)

10. NAME OF FATHER *Geo. M. Donovan*

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

12. MAIDEN NAME OF MOTHER *Sophia Newman*

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

14. INFORMANT *M. Eppinger*
(Address) *5800 Arsenal St.*

15. FILED *13 1931* *Max E. Stanford*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 11 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 23 1930* to *July 11 1931*, and that I last saw h. e. r. alive on *July 11 1931*, and that death occurred, on the date stated above, at *12:30 a. m.*

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. myocarditis
(duration) yrs. *8* mos. ds.

CONTRIBUTORY (SECONDARY) *General ~~anemia~~ Hemorrhage Apoplexy ?*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *City of J*
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF.....

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Maurice A. Beecher, M. D.*
7/11 1931 (Address) *City Hospital # 1*

*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 *Calvary Cem.* DATE OF BURIAL *7-14 1931*

20. UNDERTAKER *Wm. B. L. & Co. 2929 S. Jefferson*
ADDRESS

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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