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.

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

Do not use this space.

10741

File No.

Registered No. 2813

791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3106 Allen Ave St. Ward)

2. FULL NAME George F. Smith.

(a) Residence, No. 3106 Allen Ave St., 17 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1889.

7. AGE: YEARS 43 | MONTHS 2 | DAYS 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President G. F. Smith Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer in Contractors Equip.

10. Date deceased last worked at this occupation (month and year) March 19-11 in

11. Total time (years) spent in this occupation 25 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salt Lake City Utah

FATHER

13. NAME George Smith.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Alice Sherman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome N. Y.

17. INFORMANT Mrs Geo. F. Smith.
(ADDRESS) 3106 Allen Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Mar 24 ,19 32

19. UNDERTAKER Petz Bros
(ADDRESS) 3929 Lafayette Ave

20. FILED MAR 23 1932 Nan Ostrander Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 21 ,19 32

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 30 a m.

The principal cause of death and related causes of importance were as follows:

Gunshot Wound of Head self-inflicted while suffering temporary mental aberration

Date of onset

Other contributory causes of importance: Suicide

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/21 ,1932

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Kemper, M. D.

(Address) 3/23/32 Dr. Connor