

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

Do not use this space.

21333

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis (No. E. Route City Hospital St. Ward)

File No.....
Registered No. 5891

2. FULL NAME

Alonzo Smith
(a) Residence No. 4206 Papin St., 18 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mid/abt/881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 51

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer) 720
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Sarah Casletto
(Address) 4206 Papin

15. FILED 23 May 1932
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18, 1932

17. No Physician in Attendance
HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 920
(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? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Kern

610-15 (Address) Dep. Coroner

*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
Father Dickson June 23 1932

20. UNDERTAKER ADDRESS 2620
J W Hughes Lawton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

