

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

Do not use this space.

24148

1. PLACE OF DEATH

County Registration District No. 882
 Township Primary Registration District No. 505
 City St. Louis (No. City Hospital)

File No.
 Registered No. 6231
 St. Ward

2. FULL NAME

4882 Charles Smith
 (a) Residence, No. 1509 Cass St., 25 Ward.
 (Usual place of abode)

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 male 4. COLOR OR RACE white 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) May 21 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbary Wisconsin

13. NAME Wm. Smith

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

15. MAIDEN NAME Dora Walkentine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Michigan

17. INFORMANT (ADDRESS) Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Green DATE 7-7-32

19. UNDERTAKER (ADDRESS) Witt Bros. R. & M. Co. 209 S. Jefferson

20. FILED 11-6-33 May O'Sterken Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22 1932 to July 4 1932
 I last saw him alive on July 4 1932 at 3:30 P.M. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Acute Myocarditis Date of onset 6-22-32
93A 93B
84 130
 Other contributory causes of importance: (1)
Extreme emaciation
Dehydration

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 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) Arthur A. Nines M. D.
 (Address) City Hospital

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.

