

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

Do not use this space.  
**24275**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. St. Anthony Hospital)..... St. .... Ward)

File No. ....  
Registered No. **6392**

**2. FULL NAME** David W. Smith Jr.

(a) Residence, No. 6322 Derby Ave. St. 16 Ward. St. Louis County, Mo.  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16, 1932</u>		
7. AGE	YEARS	MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.
		<u>24</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>David W. Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Floa Gloesemeyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mr. David W. Smith 6322 Derby Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter &amp; Paul</u> DATE <u>July 11, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. L. Plestach, Inc. 5545-46 St. Louis Ave</u>		
20. FILED <u>JUL 11 1932</u> <u>W. C. Gayler</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

2. **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 10, 1932

22. I HEREBY CERTIFY That I attended deceased from June 16, 1932 to July 10, 1932

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at St. P. Mo.

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

Date of onset

developmental defects  
15 7/16  
15 7/16  
Other contributory causes of importance: prematurity  
(D)

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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 WC. Gayler, M. D.

(Signed) WC. Gayler, M. D.

(Address) 3903 Olive St.

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.

Dr. W. B. Taylor.  
3903 Olive St.  
A. M.

J. S. 600