

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

Do not use this space.

✓ 33839

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 003
City St. Louis (No. City Hospital)

File No.....
Registered No. 9139
St..... Ward.....

11406
2. FULL NAME Theresa Lorraine Smith
(a) Residence, No. 1420 So. 10th Ward 23
(Usual place of abode)
Length of residence in city or town where death occurred life 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4-1932</u>		
7. AGE	YEARS	MONTHS
		<u>10</u>
		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>nil</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1932, to Oct. 14th, 1932
I last saw her alive on Oct. 14th, 19..... Death is said to have occurred on the date stated above, at 6.45 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Prematurity
8 months
159
17
1

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u> <u>Mo.</u>
	13. NAME <u>John Smith</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francis Co.</u> <u>Mo.</u>
	15. MAIDEN NAME <u>Marie Bowen</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co.</u> <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Hospital Information</u> <u>City Hospital</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Celvary Cemetery</u> DATE <u>Oct. 15</u> , 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>J. B. Kellum & Co.</u> <u>1247 1/2 Mercantile St.</u>	
20. FILED: <u>Oct 15 1932</u> <u>Max C. Starkloff</u> Registrar.	

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no
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) Henry D. Smith, 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.

Smith