

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

Do not use this space.
36105

1. PLACE OF DEATH

County Eastern
Township Chalons
City Jefferson

Registration District No. 41

Primary Registration District No. 2374076

File No. 28

Registered No. 28

St. St. Louis

Ward 1

2. FULL NAME

(a) Residence, No. 10

(Usual place of abode)

St. St. Louis

Ward 1

(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17 1868
7. AGE YEARS 64 MONTHS 7 DAYS 29
If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mine
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
10. Date deceased last worked at this occupation (month and year) Sept 7 1932
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Mary & Co

13. NAME Smith, Elmer

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

15. MAIDEN NAME Anna Howes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Maude Ales

18. BURIAL, CREMATION OR REMOVAL PLACE St Louis

19. UNDERTAKER (ADDRESS) St Louis

20. FILED 11 32 Alverson Clark

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1932

2. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Nov 15 1932

I last saw him live on Nov 15 1932 Death is said to have occurred on the date stated above, at 1130 m.

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

Embolism
99A

Other contributory causes of importance:

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.....

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

If so, specify.....

(Signed) St Louis

(Address) St Louis

Registrar

