

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.

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

Do not use this space.

37449

File No. _____
Registered No. **10111**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. No. 6210 Marmaduke

2. FULL NAME Luella Smith

(a) Residence, No. 6210 Marmaduke 3 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James J. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-14 1848</u>		
7. AGE <u>84</u>	YEARS <u>9</u>	MONTHS <u></u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) Platteau Mo 1

13. NAME James Mac Carthy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemusse 2

15. MAIDEN NAME Caroline May

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

17. INFORMANT (ADDRESS) Mrs Beckman 6210 Marmaduke

18. BURIAL, CREMATION, OR REMOVAL PLACE Platteau Mo DATE Nov-16 32

19. UNDERTAKER (ADDRESS) Benham Und Co 1301 N. 1st St, St. Louis, Mo

20. FILED NOV 16 1932 W. C. Starn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Nov 24, 1932
I last saw her alive on Nov 12, 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular
Chronic
95B
93H
95R2
Other contributory causes of importance
Acute Myocarditis 11/1/32
Date of onset 1925?

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Ex. 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) J. W. Tressain, M. D.
(Address) 3532 Washington 132

