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

Do not use this space.

37643

File No. 10322
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. ..... Sanitarium ..... St. ..... Ward)

2. FULL NAME Carrie Smith (or Corinne Parr).

(a) Residence, No. Unknown St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1881.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker and Domestic 58

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Tennessee

FATHER

13. NAME John Sigler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Tennessee

MOTHER

15. MAIDEN NAME Emma Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Tennessee

17. INFORMANT Benj. Margulois
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U. DATE 11-3 1932

19. UNDERTAKER Walter Richter
(ADDRESS) 3500 Rutger St

20. FILED NOV 22 1932 Guy C. Harley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to November 1st, 1932
I last saw her alive on Nov. 1st, 1932. Death is said to have occurred on the date stated above, at 10.40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Far Advanced)	12/5/30
Other contributory causes of importance: 34 Syphilis 73 A	7/21/30

Name of operation ..... Date of .....
What test confirmed diagnosis? (1) X-ray (2) 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) Benj. Margulois, M. D.
(Address) 5400 Arsenal St

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD