

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis, Mo.

Registration District No. 1123

File No. 41563

Township Carroll

Primary Registration District No. 6248B

Registered No. 399

City Jefferson Barracks, Mo.

Veterans Administration Hospital St. _____ Ward)

2. FULL NAME SMITH, Claud Edward

(a) Residence, No. 1724 Glasgow Ave., St. Louis, Mo. Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Separated</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unavailable.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 24, 1899</u>		
7. AGE	YEARS	MONTHS
<u>43</u>	<u>43</u>	<u>3</u>
		DAYS
		<u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer. 53</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Steel Foundry</u>	
	10. Date deceased last worked at this occupation (month and year) <u>ADT. 7 yrs. ago.</u>	
		11. Total time (years) spent in this occupation <u>1 yr.</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Jacksonville, Va.</u> (STATE OR COUNTRY) <u>Florida</u>		
FATHER	13. NAME <u>Jack Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Jacksonville, Florida</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Unavailable</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unavailable</u> (STATE OR COUNTRY) <u>31</u>	
17. INFORMANT <u>C. H. SMITH, M.D., Clinical Dir., Vet. Adm. Hosp. Jeff. Brks., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Not Cremated</u> DATE <u>Dec 17 1932</u>		
19. UNDERTAKER <u>Tanner Undtck. Company, St. Louis, Mo.</u>		
20. FILED <u>Rec. 7 1932 L.C. Chok M.D., Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932, to December 7, 1932, 1932

I last saw him alive on December 7, 1932. Death is said

to have occurred on the date stated above, at 5:30AM.

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

Chronic pulmonary tuberculosis far advanced, active

Date of onset

Unk.

Other contributory causes of importance:

None.

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical, x-ray, and laboratory findings
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 _____, 1932

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) W. C. Gibson, M.D., Medical Officer in Charge. M. D.

(Address) _____

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.

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