

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

Do not use this space.

41647

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 2519, W. 10th)

File No.....
Registered No. 10710
St. Ward.....

2. FULL NAME

Belle Smith
(a) Residence, No. 2519 W. 10th St., 26 Ward. (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 <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>John</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 18, 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>10</u>	DAYS <u>14</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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)	<u>Missouri</u>			
MOTHER FATHER	13. NAME <u>Wm. Haverstick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Louise M. Intuff</u> <u>2519 W. 10th St.</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Graceland</u>		DATE <u>Dec 5 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Ashton & Co</u> <u>2727 N. Grand</u>				
20. FILED <u>DEC -3 1932</u> <u>W. E. Barker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1932, to Dec 1st, 1932
I last saw him alive on Dec 1st, 1932 Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

<u>Chronic Myocarditis</u>	Date of onset <u>1927</u>
<u>Multiple Atherosclerosis</u>	<u>1900</u>

Name of operation..... **Date of**.....
What test confirmed diagnosis? None **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? No
If so, specify.....
(Signed) Edwin J. Kroll M. D.
(Address) 3635 N. Sunnyside

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.

RECORDING UNIT—THIS IS A PERMANENT RECORD

