

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

Do not use this space.

4066

1. PLACE OF DEATH

County

Registration District No. *1508*

Township

Primary Registration District No. *4018*

City *St. Louis Mo.* (No.)

Sanitarium

File No.

1033

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. *904 St. Euclid Ave. 13* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *36* yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widowed</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 12, 1845</i>		
7. AGE	YEARS <i>87</i>	MONTHS <i>11</i>
	DAYS <i>17</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	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) <i>Unknown Illinois</i>		
MOTHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>	
	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>	
17. INFORMANT (ADDRESS) <i>Hubert P. Smith 5400 Arsenal St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Walter Lee Hill</i> DATE <i>Jan 31 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Ambrosia Ford Co 4234 Manchester Ave</i>		
20. FILED <i>30 1933</i> 19 <i>May 21 1933</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 26 1933* to *Jan 29 1933*
I last saw him alive on *Jan 29 1933*. Death is said to have occurred on the date stated above, at *11:30 a.m.*
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
73C
1977
93C
Other contributory causes of importance:
Chronic Myocarditis
Date of onset *Jan 26 1933*

Name of operation *None* Date of

What test confirmed diagnosis? *Clinical* 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

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *Hubert P. Smith*, M.D.
(Address) *5400 Arsenal St*

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.

