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

Do not use this space.

10997

File No.

Registered No.

APR 28 1933

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township Central — Primary Registration District No. 6033

City Clayton (No. 119 N. Central Ave. St. Ward)

2. FULL NAME Eugene Smith

(a) Residence, No. 119 N. Central Avenues Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White.	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th. - 1872.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60.	5.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. D. Hirschberg & Company.

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) Fayetteville, Arkansas.

FATHER

13. NAME William Smith.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville Virginia

MOTHER

15. MAIDEN NAME Jennie Dillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville Virginia

17. INFORMANT Mrs Frances K. Smith.
(ADDRESS) #119 N. Central, Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews Cem. DATE 3 - 22 - 1933

19. UNDERTAKER C. P. Lupton & Sons.
(ADDRESS) #44 & 9 Oline Street.

20. FILED March 21 1933 K W Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 — 20 —, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1932, to 3/20, 1933

I last saw him alive on 3/20/33, 1933. Death is said to have occurred on the date stated above, at 8 40 p m.

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

Apoplexy
93 C
Date of onset 3/19/33

Other contributory causes of importance:
Chr. myocarditis
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? 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) J. D. Stoelzle M. D.
(Address) 12 N. Central Ave - Clayton

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.

Dr. Joel Stoelzle
#2 No. Central.
Randolph - 8251.