

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

Do not use this space.

**24739**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1007#2  
City St. Louis Mo (No. City Hospital #2)

File No.....  
Registered No. 6145  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. 609 N 23rd St. 7 Ward.....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-3-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
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) Missouri

13. NAME Samuel Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Agnes Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT A. Ettrude Cleath (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis Ill. DATE 7/16 1933

19. UNDERTAKER R. M. O. Green (ADDRESS) 3517 S. Maple Ave

20. FILED ALL 10 1933 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-2-33, 1933, to 7-11-, 1933

I last saw him alive on 7-11-33, 1933 Death is said to have occurred on the date stated above, at 5:06 m.

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

Date of onset  
Pulmonary Tuberculosis  
23A  
Other contributory causes of importance:  
23B

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify..... (Signed) R. Smith M. D.

(Address) City Hospital #2

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.

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2  
1

