

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

Do not use this space.

27712

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 03
 City St. Louis Mo. (No. City Hospital)

File No.
 Registered No. 7725
 St. Ward)

2. FULL NAME

(a) Residence, No. 5821 Water St., 1 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 25

OCCUPATION
 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. Laundress
 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) India

MOTHER FATHER 13. NAME Millard Smith

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

15. MAIDEN NAME Lizzie Slarmon

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

17. INFORMANT A Myrtle Creath (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Weber DATE 9/9/1933

19. UNDERTAKER Charles Peltis (ADDRESS) 3036 W. 4th St

20. FILED: PP - 7-13-19 W. J. Biebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-26 ¹⁹³³ to 8-30 ¹⁹³³

I last saw him alive on 8-30 ¹⁹³³, 1933 Death is said to have occurred on the date stated above, at 3:20 m.

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

62 Pellagra 63
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? ye

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 R. Smith M. D.
 (Signed) City Hospital #2 (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.

OCT 20 1933

