

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

Do not use this space.

31129

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Mississippi River Fr. Ave. St.**) Registered No. **7820**  
Ward

2. FULL NAME

**Warren A. Smith**  
(a) Residence, No. **4045 Easton** St., **11** 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 **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unk**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-25-1889**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**44 4 10**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Unemployed 166**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Clayton 169**

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) **mo**

13. NAME **Alexandra Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk**

15. MAIDEN NAME **Elizabeth Washaw**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk**

17. INFORMANT (ADDRESS) **Geo Smith 4045 Easton**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **St. Ferdinand Sept 11 1933**

19. UNDERTAKER (ADDRESS) **Speelbunk school 1322 Franklin**

20. FILED **1933** **J. H. Berdeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 4th. 1933**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **3:20 p.m.**

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

**Drowning due to jumping into Mississippi River from fire escape**  
Other contributory causes of importance: **Supper**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **suicide** Date of injury **9/4**, 19 **33**

Where did injury occur? **St. Louis Mo** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Jumped from fire escape into river**  
Nature of injury **Drowning**

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

(Signed) **J. H. Berdeck** (Address) **1322 Franklin**

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

WWW.CENTERSINK--THIS IS A PERMANENT RECORD

