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.

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

Do not use this space.

41333

JAN 26 1934

1. PLACE OF DEATH
County ..... Registration District No. 791 File No. .....
Township ..... Primary Registration District No. ..... Registered No. 10905
City St. Louis (No. St. Lukes Hosp St. ..... Ward)

2. FULL NAME Abraham Smith
(a) Residence, No. 6601 Delmar St., 5 Ward University City
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1858
7. AGE YEARS 75 MONTHS 7 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) ~~Ger~~ Poland

FATHER
13. NAME Meyer Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Clara Burenstein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) J. Smith 1150 Hamilton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bnai Amoona DATE 12/20 1933
19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson
20. FILED DEC 20 1933 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1933.
22. No Physician in attendance 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 1 45 a m.
The principal cause of death and related causes of importance were as follows:

210M
197A
Bronchial Pneumonia Fracture of Clavicle (Right) Fracture 1, 2 and 5th ribs (right) Aortic & Cardiac Enlargement received

Date of onset

Other contributory causes of importance:
when struck by auto in University City Mo
Deceased was a pedestrian

Name of operation Accident 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? Accid. Date of injury 12/14, 1933
Where did injury occur? University City 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 Struck by auto
Nature of injury Fractured Right Clavicle

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank P Furlong, M.D.
(Address) Coroner