

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis Mo (No.....)

Registration District No. 791  
Primary Registration District No. 1008

File No. 6815  
Registered No. 1669  
St. .... Ward)

2. FULL NAME Harry R Smith

(a) Residence, No. 3807 Westminister Pl. St. 19 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE <u>Emelia Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10th 1865</u>		
7. AGE	YEARS	MONTHS
	<u>68 yrs.</u>	<u>6 mo</u>
		<u>6 Days</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brakeman</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cotton Belt R.R. Co</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) New York City  
(STATE OR COUNTRY) New York

13. NAME Harry W Smith

14. BIRTHPLACE (CITY OR TOWN) New York  
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Emelia Smith  
(ADDRESS) 3807 Westminister Pl.

18. PLACE OF DEATH OR REMOVAL  
Irvington Ill DATE Feb 18th, 1934

19. UNDERTAKER Harrigan & Sheahan Und Co  
(ADDRESS) 4415 Washington Blvd.

20. FILED 5 11 1934  
J. A. Predeck  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5<sup>th</sup>, 1934, to Feb 16<sup>th</sup>, 1934  
I last saw him 5<sup>30</sup> alive on Feb 16<sup>th</sup>, 1934. Death is said

to have occurred on the date stated above, at 4<sup>15</sup> a.m.

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

Chronic myocarditis and myocardial degeneration  
95C  
162  
Other contributory causes of importance:  
Sensibility 67 years  
Date of onset

Name of operation none Date of.....  
What test confirmed diagnosis? Physical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) O. Richard Bullard M. D.  
(Address) 3829 Westminister Pl.

