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.

APR 25 1934

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

Do not use this space.

11253

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11253

Township ..... Primary Registration District No. 1003 Registered No. 3154

City St. Louis (No. City Hosp. No 2 St. ..... Ward)

2. FULL NAME Walter Smith

(a) Residence, No. 1012 N. 11th St., (Rear) Ward 25 (If nonresident, give city or town and State)
(Usual place of abode)

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 Colored

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) Nov. 19, 1933

7. AGE YEARS — MONTHS 3 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St. Louis Mo.

FATHER

13. NAME Raymond Smith

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

MOTHER

15. MAIDEN NAME Gertrude Heller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Miss.

17. INFORMANT (ADDRESS) Mrs Raymond Smith 1012 N 11th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 3/29/34 19

19. UNDERTAKER (ADDRESS) Wm C. McDowell 351 Franklin Ave

20. FILED [illegible] 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1934

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 9.30 A.m.

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

(1) Suffocation from smouldering fire in stove at residence whether accidental or intentional could not be ascertained. Damage to building & contents $10.00

Other contributory causes of importance:

Name of operation Open Verdict 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? Date of injury 3/23/, 1934

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. Home

Manner of injury Suffocation - Smoke

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold P. Schulz

(Address) Dep. Cor.

3/27/34