

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township **St Louis Mo.** Primary Registration District No. **1003**  
 City **St Louis Mo.** (No. **15447-19th**) St. **2L** Ward.....

File No. **22556**  
 Registered No. **6390**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **15447-19th** St., **2L** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11 = 1872**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**62 8 17.**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Gen Labor**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Bornaly Pine Dept**  
 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.**

13. NAME **Charles Smith**

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

15. MAIDEN NAME **Don't know**

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

17. INFORMANT **Josephine Smith**  
 (ADDRESS) **15447-19th**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 30 1934**

19. UNDERTAKER (ADDRESS) **Aug Brockland & Co. by 1421 N. 9th**

20. FILED **29 1934** Registrar **J. H. Brubaker**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28<sup>th</sup> =** 19**34**

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 **2 A.** m.

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

**Chronic Myocarditis**  
**930**  
**97**  
**930**  
**Arteriosclerosis**

Date of onset

Name of operation..... 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....., 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.....

(Signed) **Frank P Furlong**  
 (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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

181  
 335  
 31

11/11/00