

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

Do not use this space.

OCT 11 1934

34495

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *City Sanatorium*)

Registration District No. **791**
1003
Primary Registration District No.

File No.
Registered No. **9299**
St. Ward)

2. FULL NAME

Pauline Smith
(a) Residence, No. *709 Monroe* St., *9* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *16* yrs. *X* 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 *Mary Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 27, 1856*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>78</i>	<i>7</i>	<i>22</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer 13</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Laborer 93</i>
	10. Date deceased last worked at this occupation (month and year) <i>about 1929</i>
	11. Total time (years) spent in this occupation. <i>107</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Platte County Missouri*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *W.F. Williams, M.D. 54 00 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Creedens* DATE *Sept 21, 1934*

19. UNDERTAKER (ADDRESS) *Math. Hermann & Son 827 61 1/2 Olive St.*

20. FILED *EP 21 1934 J.F. Bredeck Registrar.*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 18th 1934*

22. I HEREBY CERTIFY, that I attended deceased from *May 8th 1933* to *Sept. 18th 1934*
I last saw *him* alive on *Sept. 18th 1934*. Death is said to have occurred on the date stated above, at *5:45 p.m.*

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

Chronic Myocarditis 5/8/34
Chc. Intestinal helminths 11/1/34
131
Other contributory causes of importance: *131*
Bronchio Pneumonia 9/15/34

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

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 *William F. Williams, M.D. 54 00 Arsenal St.*
(Signed)..... (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

