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

JAN 24 1935

Do not use this space.

41463

File No. 11460

Registered No.

1. PLACE OF DEATH

County St Louis Mo

Township

City (No. Missouri Pacific Hospital St. Ward)

Registration District No. 721

Primary Registration District No. 1003

2. FULL NAME Fredrick Smith

(a) Residence, No. St., NR Ward. Little Rock Ark.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: Years Abt. 65; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pumper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad

10. Date deceased last worked at this occupation (month and year) Sept 1934

11. Total time (years) spent in this occupation 37yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

FATHER

13. NAME "

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

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Hospital Information.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bradford, Ohio. DATE 12/4/34 19

19. UNDERTAKER (ADDRESS) Clayton Road at Concordia Lane

20. FILED DEC 3 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934, to November 28, 1934

I last saw h. alive on November 28, 1934 Death is said to have occurred on the date stated above, at 3 30 4m.

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

	Date of onset
Bronchial asthma	
Broncho-pneumonia.	
1279	
112	

Other contributory causes of importance

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? No

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

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.