

WHITE 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.

FEB 2 1 1935

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

Do not use this space.

3184

1. PLACE OF DEATH

County.....

Registration District No. 731

Township.....

Primary Registration District No. 1003

City St. Louis

(No. Jewish Hospital)

File No.....

Registered No. 476

St. .... Ward)

2. FULL NAME

Gilbert Ed. Smith

(a) Residence, No. 3004<sup>2</sup> S. Jefferson St., 24 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1934, 1935, to Jan. 12, 1935

I last saw h. a. c. s. alive on Jan. 12, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

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

Acute Bacterial Endocarditis (Staphylococci)

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
22 11 6

Other contributory causes of importance:

None

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Gilbert Smith

14. BIRTHPLACE (CITY OR TOWN) Paducah (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Ursula E. Baerly

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Vera Smith (ADDRESS) 3004 S. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Calvary PLACE DATE 1-16 1935

19. UNDERTAKER Alex. G. Taylor & Sons (ADDRESS) 617 Belmont

20. FILED 13 1935 19. J. P. Bredek Registrar.

Name of operation Date of

What test confirmed diagnosis? abd cultures Was there an autopsy? Yes

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) J. S. Probstern, M. D. (Address) 4500 Olive

10/10/10