

JUN 12 1935

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

Do not use this space.

18420

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis MO* (No. ...., Sanitarium.....

File No. 4774

Registered No. ....

2. FULL NAME *John H. Smith*

(a) Residence, No. *2918 1/2 Miami* St., *24* Ward.

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 *Rose Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 14, 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. *67 3 15*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Rail Road Shop*

10. Date deceased last worked at this occupation (month and year) *April 1, 1930* 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) *Harvard* (STATE OR COUNTRY) *Illinois*

13. NAME *John Smith*

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

15. MAIDEN NAME *Elvira Westfall*

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

17. INFORMANT *Richard C. Sinclair* (ADDRESS) *City Sanitarium*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sunser Burial Ph* DATE *June 1 - 1935*

19. UNDERTAKER *Ziegenhein Bros* (ADDRESS) *46 1/2 E. Cherokee St.*

20. FILED *MAY 30 1935* 19 *J. H. Brudeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *April 22, 1935, to May 29, 1935*

I last saw him alive on *May 29, 1935* Death is said to have occurred on the date stated above, at *2:40 p.m.*

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

*arteriosclerotic gangrene, both feet* Date of onset *April 35*  
*chronic myocarditis* " *"*  
*hypostatic pneumonia* *May 28, 35*  
*bronchial*

Other contributory causes of importance: *Senile Dementia* *April 35*

Name of operation *ABC* 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 *Richard C. Sinclair*, M. D.

(Address) *City Sanitarium*

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.

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