

**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
1003**

Township.....

Primary Registration District No.

City **St. Louis** (No. **175330**)

City **St. Louis**

File No.

24548

Registered No. **5933**

St. Ward)

2. FULL NAME

Donald Smith

(a) Residence, No.
(Usual place of abode)

1454 6 St. Bernard

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10, 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from **7/7**, 19**35**, to **July 10, 1935**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 16-1908**

I last saw him alive on **7/10**, 19**35**. Death is said to have occurred on the date stated above, at **6:30** a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **25**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

Erysipelas

Other contributory causes of importance: **15**

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

13. NAME **Thomas Smith**

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME **Theresa Brendel**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) **Dr. J. H. Kent City St. Louis**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **July 13/35**

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS) **Spoot & Vabroff 4601 North Broadway**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **Ralph H. Barlow, M. D.**

20. FILED **JUL 11 1935** **J. Brebeck** Registrar

(Address) **City St. Louis**

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.

RECORD WITH CHARGING TRV... THIS IS A PERMANENT RECORD

