

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

Do not use this space.

SEP 16 1935

27933

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS, MO.

(No. 319 So. 22nd St.)

St. .... Ward .....

791  
1003

File No. .... 6998

Registered No. ....

2. FULL NAME Gillie Mae Smith

(a) Residence, No. 319 So. 22nd St. St. 22 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 15th 1897

to have occurred on the date stated above, at 7:15 p.m.

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

7. AGE 38 YEARS MONTHS 4 DAYS If LESS than 1 day, ..... hrs. or ..... min.

Toxemia of pregnancy Date of onset

Ch. Myocarditis

Ch. Interstitial Nephritis

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

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 .....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Beland (STATE OR COUNTRY) MISS.

13. NAME Wm Pickle

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

15. MAIDEN NAME Laura Jones

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

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

What test confirmed diagnosis ..... 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? .....

If so, specify .....

(Signed) Harold Stebbins, M.D.

(Address) 1735

17. INFORMANT Mary Johnson (ADDRESS) 2139a Adams

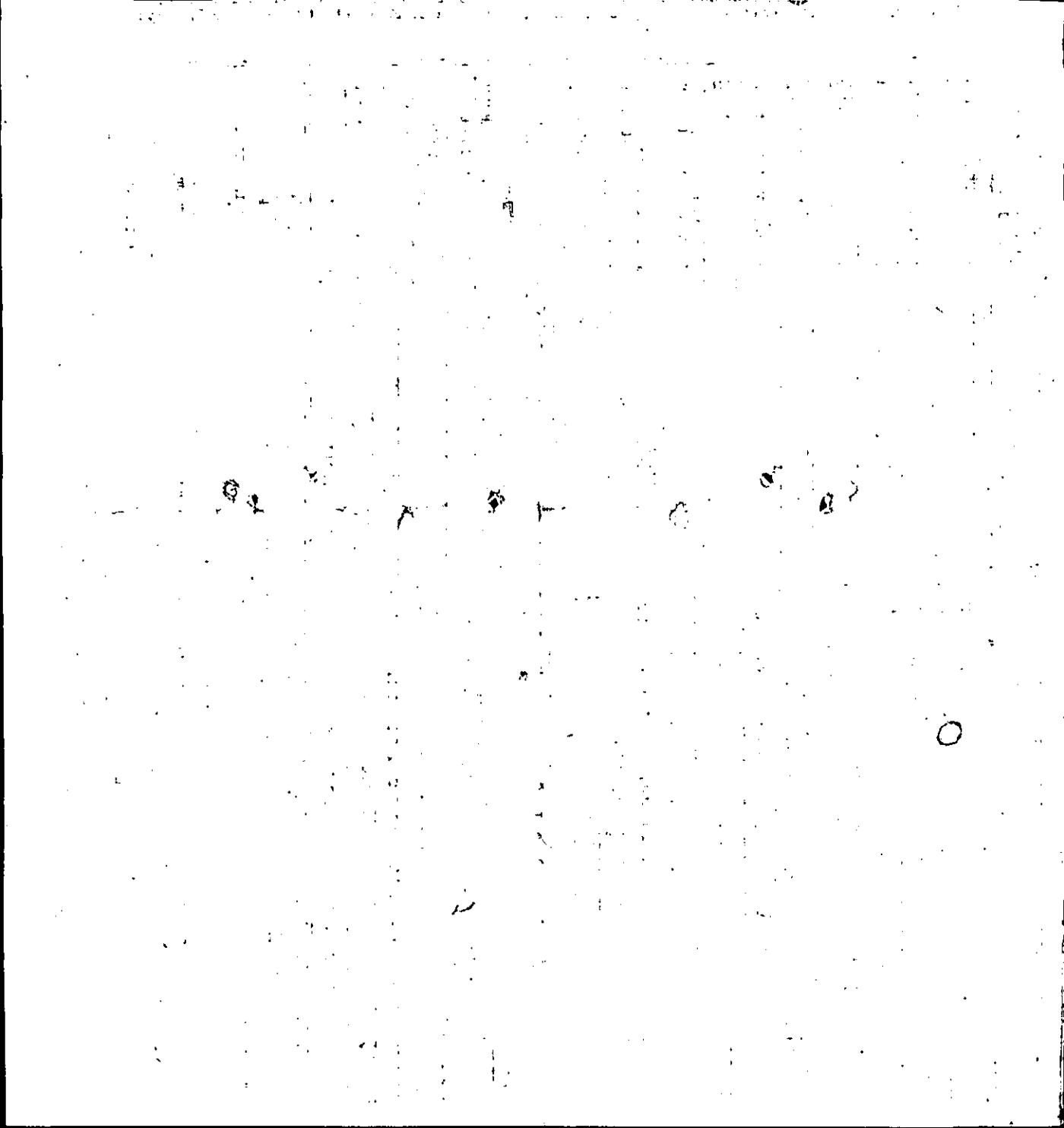
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 8-19-35, 19.....

19. UNDERTAKER Garner & Love Undertaking Co. (ADDRESS) 3103 Washington Ave

20. FILED AUG 17 1935, 19..... J. Bredeck Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

90 10 20



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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
Do not use this space.  
**THIS SUPPLEMENTARY.**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis (No. ....) St. .... Ward.....

File No. 27933  
 Registered No. 6998

**2. FULL NAME**

Ollie Mae Smith

(a) Residence, No. 319 So. 22nd St St. .... 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**

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) in

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

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

7. AGE YEARS 38 MONTHS 6 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED DEC 18 1935 19.....

J. Brudick  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Loss of consciousness during pregnancy  
Ch. Interstitial nephritis  
Ch. nephritis previous  
 Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 .....  
 (Signed) Harold Schultz, M. D.  
 (Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**SUPPLEMENTARY**

29733