Duplicate

NOV 14 1935

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

Do not use this space.

9357
37397

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Leroy Smith

(a) Residence, No. 4220 N. Belle St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27-1896

7. AGE: YEARS 39 MONTHS 6 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
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): Crystal City Mo.

FATHER

13. NAME: Frank T. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Universal Plant Mo.

MOTHER

15. MAIDEN NAME: Mary Ella Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Catherine Smith 4920 West Bell.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National DATE 11-8-1935

19. UNDERTAKER (ADDRESS): Manuel Und. Co. 4059 Finney

20. FILED NOV -7 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1935, to 11-4, 1935
I last saw him alive on 11-4, 1935. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Stricture of urethra, urinary suppression
Cause of Stricture unknown probably Syphilis

Date of onset

Other contributory causes of importance: 34

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) F R Bradley, M. D.
(Address) BARNES HOSPITAL

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.