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.

JAN 23 1936

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

Do not use this space.

40970

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 60332 — Registered No. 386
City Clayton (No. 139 W. Kirkham Ave. St. Ward)

2. FULL NAME Albert E. Smith
(a) Residence, No. 139 W. Kirkham Ave. St., Ward. ~~Webster Groves Mo.~~
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8, 1868
7. AGE: YEARS 67 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Service Co.
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): Ohio

FATHER
13. NAME: Jeremiah Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Sarah Swinehart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. Melvin Kent, 139 W. Kirkham Ave
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: St. Matthews DATE: 12-31 1935
19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries, 4228 So Kingshighway
20. FILED: 12-31-1935 Dr. A. J. Figuarelli, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-17-35, 19..., to 12-16-35, 19...
I last saw him alive on 12-16-35, 19... 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:

	Date of onset
Chr. Myocarditis	
Coronary Sclerosis	

Other contributory causes of importance:
Chr. Nephritis
Hypertrophy
Prostatitis

Name of operation: Hosp. patient for 10 weeks at St. Louis Co. Hosp. Date of
What test confirmed diagnosis? Clinical Hosp. 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
(Signed) Robert S. Poor, M. D.
(Address) St. Louis Co. Hospital

12/30/35