

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.

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

Do not use this space.

JAN 13 1936

41362

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **14302**) City **St. Louis** Registered No. **10583**
 St. _____ Ward _____

2. FULL NAME

Harry Smith
 (a) Residence, No. **2910** **Calumet** St. Ward **24**
 (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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF Isabel Smith		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1900		
7. AGE	YEARS	MONTHS
35	3	24
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. P. H. W. Worker		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker		
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) St. Louis Mo		
13. NAME Harry Smith		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo		
15. MAIDEN NAME Water Ginn		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo		
17. INFORMANT (ADDRESS) Step J. Keyser City St. Louis		
18. BURIAL, CREMATION OR REMOVAL PLACE New Orleans Dec 20 30		
19. UNDERTAKER (ADDRESS) Thos. Curtis 2906 Gravois av.		
20. FILED DEC 15 1935 J. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/14**, 19**35**

2. I HEREBY CERTIFY, That I attended deceased from **12/13**, 19**35**, to **12/14**, 19**35**

I last saw **him** alive on **12/14**, 19**35** Death is said to have occurred on the date stated above, at **11:52** am:
 The principal cause of death and related causes of importance were as follows:
Robert Pneumonia Date of onset _____

Other contributory causes of importance: **108**

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**35**
 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) **Geo. J. Seibold**, M. D.
 (Address) **City St. Louis**

