

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.

FEB 11 1936

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

Do not use this space.

3471

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis Mo** (No. **2322A**, **Eugenia**)

File No.
 Registered No. **704**
 St. Ward)

2. FULL NAME

Thelma Smith
 (a) Residence, No. **2322A Eugenia** St., **22** Ward.

(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 Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1912		
7. AGE	YEARS 23	MONTHS 8
	DAYS 1	If LESS than 1 day, hrs. or min.
OCCUPATION	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) **Ark**

FATHER 13. NAME **Noah Smith**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

MOTHER 15. MAIDEN NAME **Mattie Hadley**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

17. INFORMANT **Mattie Smith**

(ADDRESS) **2322 Eugenia**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington Park** DATE **Jan 20** 19**36**

19. UNDERTAKER **A. L. Beal**

(ADDRESS) **2126 Sugar**

20. FILED **20** 19**36** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 16**, 19**36**

22. I HEREBY CERTIFY That I attended deceased from **Jan 11**, 19**36** to **Jan 16**, 19**36**
 I last saw him alive on **Jan 16**, 19**36** Death is said

to have occurred on the date stated above, at **9 P. M.**
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset **Jan 11**
1008

Other contributory causes of importance:

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

What test confirmed diagnosis **Clinical** 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) **W. Albaugh**, M. D.

(Address) **2316 Market**

