

MAR 12 1936

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

Do not use this space.

8061

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** No. **5440 Maple Ave**

File No.
Registered No. **1733**
St. Ward)

2. FULL NAME

Rose B. Smith
(a) Residence, No. **5440 Maple Ave** **5** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **74** yrs. mos. **9** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 5, 1867**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 **—** **9**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**
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 **39**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

13. NAME **William Greenleaf East**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Bedford Mass**

15. MAIDEN NAME **Abigail Adams Crane**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alexandria Va.**

17. INFORMANT (ADDRESS) **Dr. Abigail Smith 5440 Maple**

18. BURIAL (CREMATION) OR REMOVAL PLACE **Missouri Crematory** DATE **Feb 17 1936**

19. UNDERTAKER (ADDRESS) **Wagoner Lumber Co 3621 Olive St.**

20. FILED **16** 1936 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 14 1936**
22. I HEREBY CERTIFY that I attended deceased from **Dec 2 1935** to **Feb 14 1936**
I last saw h. w. alive on **Feb 14 1936** Death is said to have occurred on the date stated above, at **8:15** P. M.

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

Pronchogenic Carcinoma
47
Other contributory causes of importance: **Cerebral metastases? Cerebral hemorrhage?**

Name of operation Date of
What test confirmed diagnosis? 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? **No**
If so, specify **P. Malou Freund** M. D.
(Address) **607 N. Grand**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

