

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JUL 14 1936

791

24511

1. PLACE OF DEATH

County

Registration District No.

1003

File No.

6130

Township

Primary Registration District No.

Registered No.

St. Ward)

City *St. Louis*

(No.)

City Hospital No. 1

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

*Grant G. Smith**4134A Peck St.*

St.

10 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 *Male* 4. COLOR OR RACE *White* 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) *Oct 27 - 1895*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *60 8 7 17*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoemaker.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Factory*

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) *Latrobe Penn.*13. NAME *John Smith*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown.*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown.*17. INFORMANT (ADDRESS) *Mrs Pearl Hagens 4134A Peck St.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Zion Cem.* DATE *June 17 36*19. UNDERTAKER (ADDRESS) *Mrs F Paschedag 2825 N Grand Blvd.*20. FILED ST NOC 19 *J. H. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 14 1936*22. I HEREBY CERTIFY, That I attended deceased from *6/11 1936/6/14 1936*I last saw him alive on *6/14 1936* Death is saidto have occurred on the date stated above, at *7:05 a.m.*

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

Carcinoma of Esophagus Date of onset

Other contributory causes of importance

Name of operation *Destruction of* Date of *20*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) *Edward A. Shirley, M. D.*(Address) *City St. Louis*

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

MARGIN RESERVED FOR BINDING

S. N. B. 1-20-36
FORM 1-20-36
I X7044

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.

