

OCT 5 1936

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

Do not use this space.

35573

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. Johns Hosp.**) St. Ward)

File No.
Registered No. **9175**

2. FULL NAME

Shirley Ann Smith
(a) Residence, No. **2703 Lafayette** St., **23** Ward.
(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 **Female** 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 24 1930**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	0	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **none**
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) **St. Louis Mo.**

FATHER
13. NAME **George Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER
15. MAIDEN NAME **Rena Boyer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bliss Mo.**

17. INFORMANT (ADDRESS) **George Smith 2703 Lafayette St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old Mines, Mo.** DATE **9-4-36**

19. UNDERTAKER (ADDRESS) **Witt Bros. & Co. 2429 S. Jefferson Ave.**

20. FILED **SEP 4 1936** **J. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 3 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 29 1936** to **Sept 3 1936**

I last saw him alive on **Sept 3 1936** Death is said to have occurred on the date stated above, at **8:15** a.m.

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

Seny
107a
Other contributory causes of importance: **Bronch. pneumonia left!**

Date of onset **36**

Name of operation Date of
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 **Joe Peotter M. D.**

(Signed) **Joe Peotter** M. D.
(Address) **Lister Beech, 11th St.**

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.

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