

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.

NOV 4 1936

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

Do not use this space.

791

39648

1. PLACE OF DEATH

County..... Registration District No. 1908  
Township..... Primary Registration District No. 2  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 10095  
St. .... Ward)

2. FULL NAME

Willie Smith  
(a) Residence, No. 2112 Carr St., 21 Ward.

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JESSIE Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16, 1903</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>—</u>
	DAYS <u>2</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Labor</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>common</u>	
	10. Date deceased last worked at this occupation (month and year).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
FATHER	13. NAME <u>PETER Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
MOTHER	15. MAIDEN NAME <u>ANNA WILLIAM</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT (ADDRESS) <u>ROSIE ROBERSON</u> <u>2112 Carr St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson Cem</u>	DATE <u>Oct 26</u>	192 <u>6</u>
19. UNDERTAKER (ADDRESS) <u>F.A. Green</u> <u>2915 Franklin Ave.</u>		
20. FILED <u>OCT 26 1936</u>	<u>J. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10:00 P.M. 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Stat Thromb of Heart and Lung Embolus (check) Pericardium (knife)

Other contributory causes of importance:  
Homicide

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? Homicide Date of injury Oct 18, 1936  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In Home

Manner of injury Stat Thromb of Heart (knife)  
Nature of injury Stat Thromb of Heart & Lung

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) J. H. Munn M.D.  
(Address) St. Louis, Mo.  
Oct 26 1936

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