

NOV 4 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39742

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1003

File No. _____
Registered No. 10789
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Missouri City Hospital No. 1

B. 8883

2. FULL NAME

Marie Smith

(a) Residence, No. Infirmery St. 13 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? unk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 - - -

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. nil

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) Illinois

13. NAME William Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Emily Unknow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hosp. Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U DATE 10-9 1936

19. UNDERTAKER W. Richter (ADDRESS) 3500 Rutten St

20. FILED Oct 28 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 20/1/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/11/36, 1936, to 10/1/36, 1936.

I last saw her alive on 10/1/36, 1936. Death is said to have occurred on the date stated above, at 10.15 p

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

Fract. of neck of st femur
From fall from steps
senility

Date of onset

Other contributory causes of importance: 186a

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? accident Date of injury 9-11, 1936

Where did injury occur? city infirmary (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. city infirmary

Manner of injury fell from g chair
Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) J. H. Barchbold, M. D.
(Address) City Hospital No. 1

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.

WHILE CURRENTLY ON-ADMISSION THIS IS A PERMANENT RECORD

