

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

Do not use this space.

Nov 29 1937

42470

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *790*

Township *Clayton Mo.*

Primary Registration District No. *60.334*

City *Clayton Mo.* (No. *County Hospital*)

File No. _____
 Registered No. *452*
 St. _____ Ward _____

2. FULL NAME

Baby Smith

(a) Residence, No. *Elmore Mo. Route #1* 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 *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) *10/19/36*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

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

13. NAME *?*

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

15. MAIDEN NAME *Jessie Smith*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas*

17. INFORMANT (ADDRESS) *Lolla Smith Elmore, Mo. Route #1*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) *Hospital Lab.*

20. FILED *12/3 1936* *Dr. J. Regierelli* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/21 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 19 1936*, to *Nov. 21 1936*

I last saw h. *live* on *Nov 21 1936* Death is said

to have occurred on the date stated above, at *12 A.M. noon*

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

Premature birth
6 1/2 (mo.) Wt 1 lb 12 oz.
(820 gms)

Date of onset _____

Other contributory causes of importance: _____

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 _____ (Signed) *Louis J. Franklin*, M. D.

(Address) *St. Louis County Hosp Clayton, Mo.*

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.

WHITE PRINTED WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

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