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

Do not use this space.

FEB 8 1937 791

File No. 4223

Registered No. 1276

1. PLACE OF DEATH

County .....

Registration District No. .....

Primary Registration District No. 1003

Township .....

City St. Louis, (No. 2844 North Union Ave. 2 St. ..... Ward)

2. FULL NAME William M. Smith.

(a) Residence, No. 2844 North Union Ave. St., 6 Ward. 1

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 20, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Salesman

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) Louisville, Kentucky.

FATHER

13. NAME Charles G. Smith.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnatti Ohio.

MOTHER

15. MAIDEN NAME Victoria Hardin.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, Kentucky.

17. INFORMANT Mrs. Carrie S. De Paolla (ADDRESS) 2844 North Union Blvd.

18. ~~BURIAL~~, CREMATION, OR REMOVAL

PLACE Louisville Kentucky DATE January 30, 1937

19. UNDERTAKER Geo. L. Pleitsch Inc. (ADDRESS) 5946 Easton Ave.

20. FILED JAN 28 1937 J. F. Bieleck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 5, 1930, to Jan 27, 1937

I last saw him alive on Jan 27th, 1937. Death is said to have occurred on the date stated above, at 10.45 P. m.

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

	Date of onset
Acute Nephritis	1/20/37
Chronic arthritis	1/5/30
Nephritis caused by enlarged Prostate	

Other contributory causes of importance: enlarged prostate

57a

Name of operation None 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? None Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry Jacobson, M. D.

(Address) 705 Olive St. St. Louis 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

705 Clove St
Cent Nat Bk Bldg
Cent. 9279