

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis.

(No. City Hospital No. 1)

File No. 8816

Registered No. 2305

St. Ward)

B. 16267

2. FULL NAME

Baby Smith

(a) Residence, No. 1420 Hickory St.,

1420 Hickory St.,

22 Ward.

(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)

Feb 10, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

0

0

14

8. Trade, profession, or particular kind of work done, as spinner, 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)

St. Louis, Missouri

13. NAME

Elva Smith

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

Missouri

15. MAIDEN NAME

Ruth Crabtree

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

St. Louis, Missouri

17. INFORMANT (ADDRESS)

Hosp. Info. J. H. Kent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. James
DATE Feb. 26, 1937

19. UNDERTAKER (ADDRESS)

W. G. Laughlin
2304 W. Ingraham

20. FILE

FEB 25 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2/24/37

, 19

22. I HEREBY CERTIFY, That I attended deceased from

2/10/37

, 19

to 2/24/37

, 19

I last saw him alive on 2/24/37, 19. Death is said to have occurred on the date stated above, at 2. p. m.

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

Prematurity

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)

City Hospital No. 1

M. D.

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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