MAY 7 1937

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

Do not use this space.

14258

File No.

Registered No. 8754

1. PLACE OF DEATH

County

Township

City Saint Louis, Missouri (No. Little Sisters Of The Poor. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Annie Smith.

(a) Residence, No. Little Sisters Of The Poor St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17th, 1882.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	8	18	

OCCUPATION

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) Saint Louis, Missouri.

FATHER

13. NAME James Smith.

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

MOTHER

15. MAIDEN NAME Mary Harrington

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

17. INFORMANT Harry Smith.
(ADDRESS) 5201 South Broadway.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem. DATE April 8th, 1937.

19. UNDERTAKER Ziegenhein Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED APR 7 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

[signature] Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00P m.

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

	Date of onset
(1) Cerebral Apoplexy	4/4
(2) Myocarditis	
(3)	
(4)	

Other contributory causes of importance: Pneumonia Septic and diffuse Ent.

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? ..... 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) Union Club [illegible]

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