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.

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

JUL 8 - 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21707

Township ..... Primary Registration District No. 1003 Registered No. 5459

City ST. LOUIS MO (No. 2915 PINE St. ..... Ward)

2. FULL NAME ANITA S SMITH

(a) Residence, No. 2915 PINE St., ... Ward. 21
(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 F

4. COLOR OR RACE COLD

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 31 1932

7. AGE YEARS 4 MONTHS 5 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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

FATHER

13. NAME TYREE SMITH

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

MOTHER

15. MAIDEN NAME THELMA

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

17. INFORMANT (ADDRESS) THREE SMITH 2915 PINE ST

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE May 30 1937

19. UNDERTAKER (ADDRESS) A. L. BEAUCUND 2726 HYDE AS

20. FILED JUN 1 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1937, to May 28, 1937

I last saw her alive on May 28, 1937 Death is said to have occurred on the date stated above, at 12 45 a.m.

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

~~May 10~~ Meningitis — Pneumococcus — Date of onset May 12

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Other contributory causes of importance: Lobar Pneumonia May 10th

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) W. A. Young, M. D.

(Address) 23/16 Market

5459

5459