

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **ST. LOUIS** (No. **city Hospital #1**) St. Ward)

File No. **22176**
Registered No. **5928**

2. FULL NAME **William Smith**

(a) Residence, No. **3712 olive** St. **19** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 7 1868**

7. AGE YEARS **69** MONTHS **4** DAYS If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) **June 1937** 11. Total time (years) spent in this occupation **life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Salem Mo**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mrs. Evelyn Smith - 3712 olive street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST PETERS CEMETERY** DATE **6-18 1937**

19. UNDERTAKER (ADDRESS) **Shepard Funeral Home 1167 Hamilton Ave**

20. FILED **JT Bredeck** Registrar.

~~MEDICAL CERTIFICATE OF DEATH~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14 1937**

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

1948
1937
I was present from 19..... to 19..... Death is said to have occurred on the date stated above, at m.

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

Bleeds Pneumonia Subdural Hemorrhage (Traumatic) and fracture of arm as a result of being struck by or striking automobile driven by Walter DeWahl in flood of about 58.50 OAKLAND Ave about 9:35 A.M. June 5 1937

Other contributory causes of importance: **Whether accidental or from Reckless Carelessness**

Name of operation: **None** Date of operation: **June 5 1937**

What test confirmed diagnosis? **See above**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Open** Date of injury **6/5 1937**

Where did injury occur? **St. Louis** (Specify city or town, county, and State)

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

Manner of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify: **See above**

(Signed) **Joseph M. Dixon** M.D.
(Address) **1097 1/2 Olive St**

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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