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.

AUG 30 1937

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

Do not use this space.

File No. 28314
Registered No. 192

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township ~~Normandy~~ Central Primary Registration District No. 6033
City ~~Pine Lawn, Mo.~~ (No. 3718 Jennings rd. St. Ward)

2. FULL NAME Wm. Smith

(a) Residence, No. 3735 Vista St. 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*)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BARBER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT MISSOURI ATHLETIC ASS.
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) ARKANSAS

FATHER
13. NAME ISAAC L. SMITH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLAHOMA

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS

17. INFORMANT Sybil S. Smith
(ADDRESS) 3735 Vista

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM. DATE JULY 12, 1937

19. UNDERTAKER L. MULLEN UND. CO.
(ADDRESS) 5165 DELMAR

20. FILED 7-10-1937 W. A. Boechner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/23/37, 19, to 7/10/37, 19
I last saw him alive on 7/10/37, 19 Death is said to have occurred on the date stated above, at 2/25 m. am.
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis, Chr. endocarditis, Aortic insufficiency decompensated.

Date of onset

Other contributory causes of importance: Cardiac congestion; pulmonary congestion. Hepatic congestion, cardiac dilitation.

Name of operation Date of
What test confirmed diagnosis? cli. and lab. 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?
If so, specify

(Signed) [illegible], M. D.
(Address) 3718 Jennings rd.