

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 29392
Registered No. 8025
St. Ward)

2. FULL NAME

Smith
(a) Residence, No. 2311 Clark St. 22 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Undt.</u>	4. COLOR OR RACE <u>Negro</u>	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) <u>7-27-37</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Richard Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Beatrice Baker

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

17. INFORMANT (ADDRESS) 2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve DATE 8/28/37 19

19. UNDERTAKER (ADDRESS) San Francisco

20. REGISTRAR (ADDRESS) St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27-37 19

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 5:25 a M
The principal cause of death and related causes of importance were as follows:

Unknown
(Stillborn)

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) L. C. McFall, M. D.
(Address) 2601 N. Whittier

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

12/1/37

AUG 26 1937

