

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

32293
Do not use this space.

1. PLACE OF DEATH **St. Louis** 1937

(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City **St. Louis** (d) Street No. **City Hospital #1** Registered No. **8347**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Louise Smith**
(a) Residence, No. **152 Victor** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 22nd, 1876.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 11

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

9. Industry or business in which work was done, as 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 **Ukn. Schwartz**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Norman Smith**
(ADDRESS) **5426 Christy Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset B. Park** DATE **Sept. 6th, 1937**

19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **2351 S. Broadway**

20. FILE **SEP 5 1937** **J. Bredeck** Local Registrar. (Address) **Wacker-Helderle**

NO MEDICAL CERTIFICATE IN ATTACHMENT

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 3rd, 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 **7:15 A.M.**

The principal cause of death and related causes of importance were as follows:
Fracture and dislocation of spine with comminution of body. Fractures of skull & laceration of and protrusion of the heart as result of a collision between a boarder upon in which the deceased was passing on and a Public Service Bus #514 operated by one Harry Jones at the intersection of 10th and Chestnut St. about 7:15 A.M. Sept. 3, 1937.

23. A death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **9/3, 1937**
Where did injury occur? **St. Louis, Mo.**
(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**
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Wacker-Helderle**, M. D.
(Signed) **Wacker-Helderle** (Address) **Wacker-Helderle**

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.

692-0005

STATEMENT BY LICENSED EMBALMER

Frank J. Hyland

Licensed Embalmer No.

2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me

L. E.

No. *2645* or by

Registered Apprentice No.

working under my personal supervision.

Signed

Frank J. Hyland

Licensed Embalmer No.

2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)