

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.

OCT 14 1937

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

Do not use this space.

33079

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. Homer G. Phillips Hosp)

File No. 9133

Registered No. 9133

St. Ward)

2. FULL NAME

Smith

(a) Residence, No. 1031 N. Leffingwell 21 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

M

4. COLOR OR RACE

Negro

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) 9-23-37

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.....

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.

13. NAME

James Smith

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

Tenn.

MOTHER

15. MAIDEN NAME Margaret Swaizey

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

17. INFORMANT
(ADDRESS)

Arthur May Shuard
2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 9/30/37

19. UNDERTAKER
(ADDRESS)

James H. Lapan
City Hosp

20. FILED

SEP 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-37, 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 7:55 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? clinical 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) Thomas C. McNeil, M. D.

(Address) 2601 N. Whittier

