

OCT 26 1937

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

Do not use this space.

35345

1. PLACE OF DEATH

County Saint Louis  
Township Jefferson  
City Jefferson Barracks

Registration District No. 1123  
Primary Registration District No. 6248B  
(No. Veterans Hospital)

File No. \_\_\_\_\_  
Registered No. 395  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Earl C. SMITH

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. R. #3, Louisville, Illinois.  
(Usual place of abode)  
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mrs. Willie LaVeda Smith</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 17, 1892</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>9</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Manager-Grocery Store</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Not known</u>		
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) <u>Peru, Illinois</u>
13. NAME <u>Otis Smith</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Illinois</u>

15. MAIDEN NAME <u>Ida Cook</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Illinois</u>

17. INFORMANT (ADDRESS) <u>Clinical Clerk M. Schullig VAF Jefferson Barracks, Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cemetery</u> DATE <u>September 27, 1937</u>
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19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister and L. Co. 7814 So. B'way, St. Louis, Mo.</u>
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20. FILED <u>Sept. 27, 1937</u> <u>L. Mowry</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1937 to September 24, 1937

I last saw him alive on September 24, 1937 Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Pneumonia, left  
Pleurisy with effusion  
suppurative pneumonia  
Right lung - pneumonia  
Left lung - pneumonia  
Other contributory causes of importance:  
None  
Severe

Name of operation None Date of operation \_\_\_\_\_  
By clinical man. laboratory and autopsy \_\_\_\_\_  
Was test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

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) C. W. HUGHES, Chief Med. Officer. M. D.  
(Address) VAF Jefferson Barracks, Mo.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

36340

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123  
(b) Township Carondelet Primary Registration District No. 624813  
(c) City ..... (d) Street No. .... St.  
(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

Earl C. Smith  
(a) Residence, No. .... St. ☐ (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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 9 7

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED Sept 27, 1937 G. Mowrey  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....  
I last saw h. alive on ..... 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:

Pleurisy with effusion  
suppurative  
Pneumonia bronchial  
of Rt. Lung  
Pneumonitis of left lung - type  
undetermined.  
Bronchitis - subacute  
severe

Name of operation 110 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) C. W. Hughes Chief Med. Officer  
(Address) Jefferson Barracks

S-35345