

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.

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

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Homer G. Phillips Hosp.)

36416

791

1008

File No. 9993

Registered No. St. Ward)

2. FULL NAME Mary Ann Smith

(a) Residence, No. 515½ S. 23rd St., 22 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. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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)

9-5-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

15

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
Missouri

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Anna Mae Smith

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

Miss.

17. INFORMANT (ADDRESS)

Esther Mary Shepard
2601 N. Whittier St.

18. BURIAL, CREMATION, OR REMOVAL

City Cemetery

DATE Oct. 29, 1937

19. UNDERTAKER (ADDRESS)

Ira Hamilton
City Health Dept.

20. FILE

OCT 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-5- 1937, to 9-20- 1937.

I last saw her alive on 9-20- 1937 Death is said to have occurred on the date stated above, at 3:45xx P. M.

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

Prematurity

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. McCall, M. D.

(Address) 2601 N. Whittier

1000