

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

1 PLACE OF DEATH

County

Township

or

Village

or

City *St Louis*

Registration District No. *791*

1003

Primary Registration District No. *1003*

File No. *16576*

16576

Registered No. *4260*

4260

(NO. *1413*, *Salisbury* St.; *7* Ward)

St.; *7* Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Samuel J Smith*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE MARRIED WIDOWED OR DIVORCED *married*
(Write the word)

6 DATE OF BIRTH *March 19th 1868*
(Month) (Day) (Year)

7 AGE *48 yrs. 1 mos. 7 ds.* If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *City Fireman*
(b) General nature of industry business or establishment in which employed (or employer) *St Louis Fire Department*

9 BIRTHPLACE (City or town, State or foreign country) *St Louis Mo*

10 NAME OF FATHER *Robert Smith*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Ireland*

12 MAIDEN NAME OF MOTHER *Catherine Gorman*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Ireland*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Mamie Smith*

(Address) *1413 Salisbury St*

15 Filed *PR 27 1916* *Maib Starkloff* Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 26th 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan 14 1916* to *April 25th 1916*, that I last saw him alive on *April 15 1916*, and that death occurred, on the date stated above, at *8:15 a.m.*

The CAUSE OF DEATH* was as follows:

Uremia
124B
131
132B
(Duration) yrs. mos. *10* ds.

CONTRIBUTORY *Chr. Nephritis: Arteriosclerosis*
(Secondary)

(Duration) *2* yrs. mos. ds.
(Signed) *Arthur Gundlach* M. D.
April 24 1916 (Address) *2202 Vermont St*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Cabary* DATE OF BURIAL *4-28 1916*

20 UNDERTAKER *Arthur J Donnelly* ADDRESS *2039 Wash St*