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

Do not use this space.

22528

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township St Charles — Primary Registration District No. 5998 — Registered No. 103

City ..... (No. ..... St. 1 Ward)

2. FULL NAME Arthur Smith

(a) Residence. No. ..... St., ... Ward. Unknown
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Unknown

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	3 57			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 2 [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

PARENTS

10. NAME OF FATHER No History

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No History

12. MAIDEN NAME OF MOTHER No History

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No History

14. INFORMANT Jos H Dallmeyer
(Address) St Charles Mo

15. FILED 6/25 1931 Hy. G. Blockburn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Viewed June 23, 1931 to ..... 19.... that I last saw him alive on Tuesday June 23, 1931, and that death occurred, on the date stated above, at 6 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heat Stroke

191 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Excessive Heat (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R R Belding Cowan, M. D.

June 23, 1931 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cem	June 30 1931
20. UNDERTAKER	**ADDRESS**
H Dallmeyer Tel 60	800 N. 2nd St