

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

Dr Bredlove
Do not use this space.

✓ 39572
File No. _____
Registered No. 11767
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. _____
City St. Louis Mo (No. 4350 Cottage Ave.)

2. FULL NAME

(a) Residence, No. 4350 Cottage Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29, 1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>11</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Carpenter</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Self</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>Ill</u>		
FATHER	13. NAME <u>Isaiah Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
MOTHER	15. MARRIAGE <u>Am Amanda Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss Lottie Smith</u>	
17. INFORMANT (ADDRESS) <u>4350 Cottage Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Rk</u> DATE <u>11-25</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>3517 Washington Ave</u>		
20. FILED <u>Nov 24 1931</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Early Morn 1931, to 11-22, 1931
I last saw him alive on Nov. 22, 1931 Death is said to have occurred on the date stated above, at 3:45 m.
The principal cause of death and related causes of importance were as follows:
Miliary tuberculosis (lungs, spine - etc)
2nd 2nd
Other contributory causes of importance:
General hematuria & menitis

Name of operation _____ Date of _____
What test confirmed diagnosis Physical Examination (Specify city or town, county, and State) _____
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) J. T. Bredlove, M. D.
(Address) 20384 Munson

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

