

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

Do not use this space.

AUG 18 1936

28233 ✓

1. PLACE OF DEATH

County
 Township
 City St. Louis,

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. 2902 Lemp Ave.)

File No.
 Registered No. **7041**
 St. Ward)

2. FULL NAME

Robert Smith Jr.

(a) Residence, No. 2902 Lemp Ave. St. 24 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1936.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	--	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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, Mo.

13. NAME Robert Smith Sr.

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

15. MAIDEN NAME Irene Nankmann.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Robert Smith Sr. (ADDRESS) 2902 Lemp Ave.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter and Paul Cem DATE July 13, 1936

19. UNDERTAKER (ADDRESS) J. H. Debban & Co. 2842 Maramec St.

20. FILED JUL 12 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936, to July 8, 1936

I last saw him alive on July 8, 1936. Death is said to have occurred on the date stated above, at 3:45 p. m.

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

Malnutrition ✓ Date of onset

Other contributory causes of importance: heat exhaustion

Name of operation None 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? No. Date of injury None, 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. R. Nye, M. D.

(Address) 2931 Brown ave.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No.)

Registration District No. *791*
Primary Registration District No. *1003-*

File No. *28283*
Registered No. *7041*
St. Ward)

2. FULL NAME

Robert Smith Jr.
(a) Residence, No. *2902 Kemp-* St., Ward.
(Usual place of abode)

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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S.*
(Write the word)

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.
- 3 23

OCCUPATION 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, months, and days) in this occupation.....

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

MOTHER FATHER 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

19. UNDERTAKER (ADDRESS)

20. FILED *AN 18 1937* *J. A. Buehler* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 11* 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

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:

Malnutrition since high prematurity
Heat exhaustion (Heat stroke)
Date of onset

Other contributory causes of importance:

Name of operation 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) *M. M. R. Mage* M. D.
(Address) *2931 Karpis*

5-28283