29 1938

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

REC'D NOV 4 1938

36867
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township ~~Normandy~~ 1 Primary Registration District No. 200 Registered No. 1764
(c) City Wellston (d) Street No. 1537 Lewis Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 80

2. PRINT FULL NAME Robert Smith.
(a) Residence, No. 1537 Lewis Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) April 21, 1937.

7. AGE: YEARS 1 MONTHS 6 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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 County, Missouri. 0

FATHER
13. NAME Warden A. Smith.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gore, Missouri. 0 0

MOTHER
15. MAIDEN NAME Beatrice Cox.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsbery, Missouri.

17. INFORMANT (ADDRESS) Mr. Warden A. Smith. 1537 Lewis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elsbery, Mo. DATE Oct. 30, 1938.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitsch Inc. 5966-68 Easton Ave.

20. FILED OCT 29, 19 D. R. Meyer M.D. Dr. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 1938

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 11.40AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental electrocution from a defective electric lamp cord (110 volts) in own home.	10/28

Other contributory causes of importance:

193 19

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/28/38
Where did injury occur? Wellston, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Touched electric wire
Nature of injury electrocution

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O. Connell, M. D.
(Address) Coroner of St. Louis County

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.