

REC'D JAN 17 1939

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

40734
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 1008
(c) City ST. LOUIS (d) Street No. 1813 Carr St. 27
(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.

Registered No. 10426

2. PRINT FULL NAME

(a) Residence, No. 1813 Carr St. 27 (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 <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 12, 1913</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>8</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
13. NAME <u>Robert Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME <u>Marie Washington</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT (ADDRESS) <u>Marie Smith, 1813 Carr St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Dec 4 38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>F. A. Greep, 2915 Franklin Ave.</u>		
20. FILED <u>DEC 3 1938</u> <u>J. P. Brudick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. WHEREBY CERTIFIED, I attended deceased from 7:30 AM 1938 to 2:30 PM 1938. I last saw him alive on 7:30 AM 1938. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis Date of onset
Chronic
I do not know definitely

Other contributory causes of importance: 131

Name of operation Physician Date of 1938
What test confirmed diagnosis? Physician Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Physician Date of injury 1938
Where did injury occur? Physician (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Physician
Nature of injury Physician

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Physician
(Signed) W. J. Linton M.D.
(Address) 2740 Franklin

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.

STATEMENT BY LICENSED EMBALMER

I, F. A. Green, Licensed Embalmer No. 2963

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 2963

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