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.

JAN 26 1934

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

Do not use this space.

41476

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10480

Township ..... Primary Registration District No. ..... Registered No. ..... (No. ..... St. ..... Ward)

City St. Louis Mo. St. Louis Children's Hosp.

2. FULL NAME John Smith

(a) Residence, No. 810 Le Beaume St. Ward. (If nonresident, give city or town and State)
(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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7th 1926

7. AGE: Years 7 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) De Soto Mo.

FATHER

13. NAME John Smith

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

MOTHER

15. MAIDEN NAME Mary Gordon

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

17. INFORMANT (ADDRESS) L. Bloom 5005 Lexington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Dec. 6, 1933

19. UNDERTAKER (ADDRESS) A. L. Beal Undt. Co. 2722 Lucas Ave.

20. FILED Dec 6 1933 19 J. F. Bredeck Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1933, to 12-3-1933, I last saw him alive on 12-3-1933. Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Nonepidemic cerebrospinal meningitis secondary to Chr. mastoiditis—[Streptococcus viridans (culture)]	11/13/33

Other contributory causes of importance

Name of operation Mastoidectomy 11-4-33 + 11-15-33 Date of Lumbar puncture 11-15-33 External drainage 11-25-33

What test confirmed diagnosis? Was there an autopsy? yes

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? no

If so, specify

(Signed) J. A. McKinney, M. D.

(Address) 500 S. Kingshighway