

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

Do not use this space.

27140

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **City 3rd St. Sub #2**)

File No.....
Registered No. **7377** St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **R. R. Smith** St. **11** Ward.

(Usual place of abode)

(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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **---**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 1 - 1915**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **School boy**
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.**

FATHER 13. NAME **Commodore Smith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

MOTHER 15. MAIDEN NAME **Bessie Johnson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

17. INFORMANT (ADDRESS) **Commodore Smith 1521 Webster St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson July 25 1934**

19. UNDERTAKER (ADDRESS) **W. J. Bredeck 2277 Decatur**

20. FILED 19 **7 25 34** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 21, 1934**

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 **5:05** p.m.

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

181 **181**
Shock & Burns (second degree Burns of right half of body) received when the clothing became ignited.

Other contributory causes of importance:

while attempting to start fire in kitchen stove with coal-oil. (No burning bldg) accident

Name of operation..... Date of.....

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? **Accident** Date of injury **7/21, 1934**

Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

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

Manner of injury **Burned starting fire with coal oil**

Nature of injury **second degree burns**

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

If so, specify.....

(Signed) **Harold P. DeWitt**

(Address) **Dep. for**

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.

AUG 15 1934

THIS IS A PERMANENT RECORD

