

JUL 2 2 1935

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

Do not use this space.

19988

1. PLACE OF DEATH

County JACKSON Registration District No. 111 File No. 19988
Township RAWL Primary Registration District No. 111 Registered No. 2533
City KANSAS CITY (No. R.C. GENERAL HOSPITAL) St. 2533 (Ward)

2. FULL NAME

Frank Smith
(a) Residence, No. 4220 EAST 7TH St., 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS ALICE SMITH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1884
7. AGE YEARS 51 MONTHS 0 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PROPRIETOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FILLING STATION 10TH + SPRUCE
10. Date deceased last worked at this occupation (month and year) JUNE 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Hall Ia

13. NAME J. C. SMITH

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

15. MAIDEN NAME Effie Jinton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Hall Ia

17. INFORMANT MRS ALICE SMITH (ADDRESS) 4220 EAST 7TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JUNE 29 35

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED 6/28 1935 M. M. Corove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27/35 19

22. I HEREBY CERTIFY That I attended deceased from 1935 to 1935, 19

I last saw him alive on 6/19/35 Death is said to have occurred on the date stated above, at 11:00 m.

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

Second degree burns Date of onset
Pneumonia

Other contributory causes of importance: W 481

Name of operation Culberson Date of 7/8/35

What test confirmed diagnosis Culberson 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 6/23/35

Where did injury occur? 10th + Spruce + Ohio

(Specify city or town, county, and State)

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

Manner of injury Burned by burning grease

Nature of injury

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

If so, specify

(Signed) [Signature], M. D.

(Address) [Signature]

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.

WHITE PLAINLY, WITH OUT-POINTE

62 62 62

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. Louis

Registration District No. 399

File No.

Primary Registration District No. 1007

Registered No.

2. FULL NAME

(a) Residence, No. St. 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.

Frank Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
(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.
0-1 0 8

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 spent in this occupation

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

FATHER
13. NAME

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

MOTHER
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 6/28 1935 M.M. Cerove

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935

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

I last saw him 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:

Second degree burns
broncho-pneumonia

Date of onset

Other contributory causes of importance:

building WBS NOT DESTROYED by FIRE.

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 6/23 1935

Where did injury occur? 1014 S. N. C. Mo.

(Specify city or town, county, and State)

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

Manner of injury Industry falling tile

Nature of injury by burning grease

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

If so, specify

(Signed) B. H. Deutsch, M. D.

(Address) N. C. Mo.

SUPPLEMENTAL

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.

5-1998