

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.

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

OCT 23 1935

Do not use this space.

30734

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *6139*)

City *St. Louis*

File No.....

Registered No. **7516**

St. Ward

2. FULL NAME

Edward Smith

(a) Residence No. *1003 1/2 S. 4th*
(Usual place of abode)

Ward. **23**

(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 *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 23 - 35*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>0</i>	<i>6</i>	<i>10</i>	<i>5</i>

8. Trade, profession, or particular kind of work done, as aptaner, sawyer, bookkeeper, etc. *mil*

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.*

13. NAME *Carl Smith*

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

15. MAIDEN NAME *Margaret Bullock*

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

17. INFORMANT (ADDRESS) *Wife of Carl Smith*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabarron* DATE *9-6-35*

19. UNDERTAKER (ADDRESS) *D. C. Moydell*

20. FILED *SEP - 6 1935* 19 *J. P. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 5 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 22 1935* to *Sept 5 1935*

Last saw *deceased* on *Sept 5 1935*. Death is said to have occurred on the date stated above, at *10:25 p.m.*

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

mastoiditis, chr. bilateral Date of onset

Other contributory causes of importance: *marasmus*

Name of operation *mastoidectomy* Date of *8/26/35*
What test confirmed diagnosis? *Was there an autopsy? No*

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?
If so, specify

(Signed) *J. P. Brebeck* M. D.
(Address) *St. Louis*

