

JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.

City St. Louis, Mo. (No. 500 South Kingshighway)

St. St. Louis Children's Hospital (Ward)

File No.

41003

Registered No. **10170**

2. FULL NAME Norman Smith

(a) Residence, No. 2312 1/2 Lemp St. 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 21 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-9-35
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 6 21

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) St. Louis, Mo.

MOTHER FATHER 13. NAME Charles Smith

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

15. MAIDEN NAME Gietha Carson

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

17. INFORMANT (ADDRESS) 2. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul's Cemetery, Dec. 3, 1935

19. UNDERTAKER (ADDRESS) E. J. Schmutz, 3125 Lafayette Ave

20. FILED 3 1935 Registrar J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1 1935

22. I HEREBY CERTIFY That I attended deceased from (12:50 pm) 12-1, 1935 to (6:40 pm) 12-1, 1935
I last saw h. i. m. alive on 12-1-35, 19..... Death is said to have occurred on the date stated above, at 6:50 pm.

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

acute diarrhea
dehydration
acellia

Date of onset 11-24-35
11
11-30-35

Other contributory causes of importance: 1190

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? 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 RD. Blotman, M. D.
(Signed) RD. Blotman
(Address) 600 So. Kingshighway

MAIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. C. NO. 2
10046-11-24-33

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.

