

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.

OCT 5 1936

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

Do not use this space.

35789

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 4314 Gano Avenue)

File No.....  
Registered No. 9410  
St. .... Ward)

2. FULL NAME Charlotte K. Smith

(a) Residence, No. 4314 Gano Avenue St. 9 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George D. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 27, 1898</u>		
7. AGE	YEARS	MONTHS
	<u>38</u>	<u>7</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) St. Louis  
(STATE OR COUNTRY) Mo

13. NAME Charles Burkhart

14. BIRTHPLACE (CITY OR TOWN) Not Known  
(STATE OR COUNTRY)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known  
(STATE OR COUNTRY)

17. INFORMANT George D. Smith  
(ADDRESS) 4314 Gano Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept. 15, 1936

19. UNDERTAKER Matn. Hermann & Son  
(ADDRESS) 2181 East Fair Avenue

20. FILED SEP 13 1936 J. T. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-5-36, 1936, to 9-12-36, 1936

I last saw him alive on 9-11-36. Death is said to have occurred on the date stated above, at 5:15 P. M.

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

Myocardial Infarct  
1936

Other contributory causes of importance: Probably acute

judication due to improper diet not good consistency  
Name of operation ..... Date of operation .....

What test confirmed diagnosis? Chemical 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? No

If so, specify .....

(Signed) Chas. P. P. M. D.

(Address) 3519 Reber, St. Louis

