

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.

36094

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Missouri** (No. **St. Louis Children's Hospital**) St. Ward)

File No.
Registered No. **9737**
St. Ward)

2. FULL NAME **Anthony Smith**

(a) Residence, No. **3151 Sheridan Ave.** St. **21** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **Life** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 21-1931**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 3 2

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. **Child**
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, Missouri**

FATHER
13. NAME **Anthony Smith**

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

MOTHER
15. MAIDEN NAME **Mosela Coleman**

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

17. INFORMANT **M. Merschmann**
(ADDRESS) **500 S. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park Sept 26 1936**

19. UNDERTAKER (ADDRESS) **Pape Undertaking Co. 2934 Locust Ave. St. Louis, Mo.**

20. FILED **SEP 28 1936**

J. F. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-23**, 19 **36**

22. I HEREBY CERTIFY, That I attended deceased from **9-18**, 19 **36** to **9-23**, 19 **36**

I last saw him alive on **9-23**, 19 **36** Death is said to have occurred on the date stated above, at **1:45 p.m.**

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

Staphylococcus Septicemia Date of onset **9-16**
Osteomyelitis of left Tibia - non J.B. **9-16**
Multiply metastatic abscesses
throughout soft tissues and lungs
Pericarditis

Other contributory causes of importance:
(Abscesses non-J.B. non-traumatic cause unknown)
Osteotomy of tibia, 9-21

Name of operation **Aspiration of knees** Date of **9-21**

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

(Signed) **D. J. Blattner**, M. D.
(Address) **500 S. Kingshighway**

