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.

DEC 4 1936

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

Do not use this space.

File No. 39984

Registered No. 253

1. PLACE OF DEATH

County St Louis — Registration District No. 1170

Township — Primary Registration District No. 6248-H.

City St Louis Mo (No. St Marys Hospital St. Ward)

2. FULL NAME Andrew J. Smith

(a) Residence, No. ..... St., ... Ward. WEVER Iowa (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

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. Anna M. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 26-1870

7. AGE YEARS 66 MONTHS 6 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

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) Sept 1-1933

11. Total time (years) spent in this occupation 30 yrs mo

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

FATHER

13. NAME William Smith

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

MOTHER

15. MAIDEN NAME Mary E Brown.

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

17. INFORMANT (ADDRESS) Anna M. Smith Wever Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Wever, Iowa DATE 10-23 1936

19. UNDERTAKER (ADDRESS) Thos J. Finan 1519 So Grand.

20. FILED Oct. 22 1936 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1936, to 4-22, 1936

I last saw him alive on 4-22, 1936. Death is said to have occurred on the date stated above, at 4:00 P.m.

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

	Date of onset
Brain Abscess Rt Cerebral Hemisphere	May 1936
Other contributory causes of importance: Acute Mastoiditis	December 1935

Name of operation Trephine of Skull Date of 4-22-36

What test confirmed diagnosis? Culture 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? No.

If so, specify .....

(Signed) Robert E. Britt, M. D.

(Address) 634 North Grand Blvd.

700M-3-28-35