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.

JAN 26 1937

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

Do not use this space.

47214

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 E — Registered No. 472
City (No. Mt. St. Rose Hosp St. Ward)

2. FULL NAME Robert Smyth
(a) Residence, No. 3226 Midway St., Ward. Overland Mo
(Usual place of abode) (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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1901

7. AGE: YEARS 35 — MONTHS 8 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Geo. Smyth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Maryellen - Corcoran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Pearl Helen 3226 Midway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 12-22-1936

19. UNDERTAKER (ADDRESS) Baumann Bros Overland Mo.

20. FILED Dec. 20 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/18, 1934, to 12/19, 1936
I last saw him alive on 12/19, 1936. Death is said to have occurred on the date stated above, at 9P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1932
Other contributory causes of importance:	
Tuberculous laryngitis	1936
" enteritis	1936

Name of operation None Date of —
What test confirmed diagnosis? Xray 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) [signature], M. D.
(Address) 9101 So Bldg