

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

Do not use this space.

29266

SEP 10 1937

1. PLACE OF DEATH
 County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis, Mo. (No. Christian Hospital) St. Ward)

2. FULL NAME Infant of Robert Smith & Lorraine Smith
 (a) Residence, No. 4501 Mary Ave. St. 9 Ward.
 (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.

File No.
 Registered No. 7899
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22 1937</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis, Mo.</u>				
13. NAME <u>Robert Smith</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
15. MAIDEN NAME <u>Lorraine Lewis</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
17. INFORMANT <u>Mr. Robert Smith</u> (ADDRESS) <u>4501 Mary Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NEW Bethlehem</u> DATE <u>8/23/37</u>				
19. UNDERTAKER <u>Stroot Carroll Undertaking Co.</u> (ADDRESS) <u>4600 Natural Bridge Ave.</u>				
20. FILED <u>AUG 23 1937</u> <u>J. Brebeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1937, to same, 1937
 I last saw him alive on same, 19..... Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Stillborn
 Date of onset

Other contributory causes of importance:

 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joseph J. ..., M. D.
 (Address) 508 N. Grand Blvd.

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.

WITH ENCLOSING INK—THIS IS A PERMANENT RECORD

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