FEB 12 1938

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

Do not use this space.

424

1. PLACE OF DEATH

County ..... Registration District No. 791 1

Township ..... Primary Registration District No. 1003 2

City St Louis (No. St. Marys Inf. 1500 Papin Ward)

File No. .....

Registered No. 280

2. FULL NAME Stillborn Smith 580

(a) Residence, No. 822 Jackson St., NR Ward. Madison Ill
(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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - 1 - 4 - 1938

7. AGE — YEARS — MONTHS — DAYS — ~~If LESS than 1 day, ... hrs. or ..... min.~~

OCCUPATION

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

FATHER

13. NAME Calvin Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tennessee

MOTHER

15. MAIDEN NAME Willie Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandchine Illinois

17. INFORMANT (ADDRESS) Calvin Smith Madison Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St Louis Ill DATE Jan 7 1938

19. UNDERTAKER (ADDRESS) J L Wanhall East St Louis Ill

20. FILED JAN 9 1938 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 4 - 1938

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ The delivery of stillborn fetus ~~I last saw h..... alive on ....., 19.... ..... Death~~ is said to have occurred on the date stated above, at 3:20 p.m.

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

	Date of onset
Edampsia	Jan 1st

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) W. A. Younger, M. D.

(Address) 2316 Market

... should be stated EXACTLY. PHYSICIANS should state ... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.