FEB 12 1938

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

791 2
1003

838
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 694

(c) City ..... (d) Street No. 142 6 Papin St St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Lewis Smith 530

(a) Residence, No. 1 426 Papin Street St. 22

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 15th, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~44~~ 43	5	2	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Common Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Ala (STATE OR COUNTRY) Union Town

FATHER

13. NAME Charlie Smith

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

MOTHER

15. MAIDEN NAME Polly Moore

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

17. INFORMANT Caroline Smith (ADDRESS) 1 426 Papin Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Uninn Town Ala DATE 1/21 19 38

19. FUNERAL DIRECTOR Dement & Sons (ADDRESS) 2631 Wash St.

20. FILED JAN 20 1939 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan/10/ 1938 to Jan/17/ 1938

I last saw h. 1m alive on Jan/10/ 1938. Death is said to have occurred on the date stated above, 8-30P m.

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

	Date of onset
Cerebral Emboli	7days

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	6MOS.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

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) T. Moore, M. D.

(Address) 1336 Franklin, St. Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me Myself

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)