

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

850
Do not use this space.

1. PLACE OF DEATH Saint Louis Maternity Hospital 791
(a) County Registration District No.
(b) Township Primary Registration District No. 1008 Registered No. 706
(c) City Saint Louis, Mo (d) Street No. 630 South Kingshighway 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 Infant Smith 520
(a) Residence, No. Licking, Missouri St. NR
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Stillborn

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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) Saint Louis, Mo D
(STATE OR COUNTRY)

FATHER
13. NAME Robert Franklin Smith
14. BIRTHPLACE (CITY OR TOWN) Licking, Missouri
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Lois Smith (nee) (mar)
16. BIRTHPLACE (CITY OR TOWN) Edgar Springs, Mo
(STATE OR COUNTRY)

17. INFORMANT ROBERT F. SMITH
(ADDRESS) LICKING, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE LICKING, Mo DATE JAN 20 1938

19. FUNERAL DIRECTOR Albert H. Hogue
(ADDRESS) 429 N. Euclid Street

20. FILED J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 19 1938
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 8:45 PM.
The principal cause of death and related causes of importance were as follows:

Date of onset
Still Born
Other contributory causes of importance:
Atelectasis

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?.....
If so, specify (Signed) D. Newman U. Newell, M. D.
(Address) 105 Peter 12th St.

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,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *Benj. C. Duncan*
Licensed Embalmer No. *8922*

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