

REC'D OCT 1 2 1938

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

30747

Do not use this space.

791
1008

Registered No. 8184

1. PLACE OF DEATH

- (a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. Homer Phillips Hospital St.
 Life (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

- Theodore Small 5470
 (a) Residence, No. 4243 W. St. Ferdinand St. III (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	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) December 2, 1935			
7. AGE YEARS 2	MONTHS 9	DAYS 17	If LESS than 1 day, hrs. or min.
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) St. Louis (STATE OR COUNTRY) Missouri			
FATHER	13. NAME Theodore Small		
	14. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME Rose Curry		
	16. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)		
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier			
18. BURIAL, CREMATION, OR REMOVAL PLACE GREENWOOD DATE 9-17-38			
19. FUNERAL DIRECTOR (NAME) LOVE-FUERNAL-HOME (ADDRESS) 3103 WASHINGTON BLD.			
20. FILED 19..... <i>J. Bredeck</i> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 13** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 9** 19 **38** to **Sept. 13** 19 **38**
 I last saw h. **im** alive on **Sept. 13** 19 **38** Death is said to have occurred on the date stated above, at **2:30a** m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia (Date of onset **9/9/38**)
Athrepsia
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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?.....
 If so, specify **YMVB Smith** (Signed) **2601 N Whittier** (Address) M. D.

SEP 16 1938

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

William C. McDowell for by Frank Givers

Registered Apprentice No. 156, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3506 Franklin

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.)

If this body is not embalmed, above space should be left blank.