REC'D NOV 16 1938

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

33839
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8825

1. PLACE OF DEATH
(a) County
(b) Township St. Louis
(c) City
(d) Street No. City Hospital No. 1 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.

D. 9825

2. PRINT FULL NAME Frank Smith
(a) Residence, No. 119 North 19th St. 19
(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): separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20. 1885

7. AGE: YEARS 53 | MONTHS 0 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

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.: nil
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): Illinois

FATHER
13. NAME: Thomas Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Mary Busby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL: Hope Cem.
PLACE Mt. Olive DATE 10/11/38 19

19. FUNERAL DIRECTOR (NAME) Smith Funeral Home
(ADDRESS) 6322 So. Grand Ave.

20. FILED OCT 10 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8/38 19

22. I HEREBY CERTIFY, That I attended deceased from 10/4/38, 19 to 10/8/38, 19
I last saw him alive on 10/8/38, 19. Death is said to have occurred on the date stated above, at 10.10 m.p.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cirrhosis of liver (atrophic type in hypertrophic stage	
myocarditis, chronic	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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
(Signed) L. P. Reh, M. D.
(Address) City Hospital no. 1

(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, ...

Wilson Collins, or by .....

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

Signed .....

Licensed Embalmer No. 3887

P. O. Address St. Louis M

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

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