

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

38864
Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160
 (b) Township Clayton Primary Registration District No. 4470 Registered No. 105
 (c) City University City. (d) Street No. 310 Mehville Ave. 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 William A. Smythe.

(a) Residence, No. 310 Mehville Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1937 19

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1873

....., 19....., to....., 19.....

7. AGE 63 YEARS MONTHS 6 DAYS 7 If LESS than 1 day,hrs. ormin.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7, 30 A.M.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Automobile
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Coronary Occlusion Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

Other contributory causes of importance:

FATHER 13. NAME Thomas Smythe.

Name of operation none Date of.....
 What test confirmed diagnosis? Medical History Was there an autopsy? no

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

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)

MOTHER 15. MAIDEN NAME Martha J. Tosh.

Specify whether injury occurred in industry, in home, or in public place.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

Manner of injury.....
 Nature of injury.....

17. INFORMANT Ellen A. Smythe.
 (ADDRESS) 310 Mehville Ave.

24. Was disease or injury in any way related to occupation of deceased? no

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct. 28, 1937

If so, specify John O. Connell M. D.
 (Signed) Coroner, St. Louis Co.
 (Address)

19. FUNERAL DIRECTOR Arthur J. Donnelly.
 (ADDRESS) 3840 Lindell Bldg.

20. FILED Oct. 26, 1937 Virginia Herish (R)
 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Stanley Marchlewski
Licensed Embalmer No. 2868

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.)