

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10650**  
**2950**  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3938 WESTMINSTER</b>				d. STREET ADDRESS (If rural, give location) <b>3938 WESTMINSTER</b>			
3. NAME OF DECEASED (Type or Print) <b>LILLIAN</b>		a. (First)		b. (Middle) <b>SMYTH</b>		c. (Last)	
4. DATE OF DEATH <b>MARCH 28 1951</b>		(Month) (Day) (Year)		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>JULY 28, 1869</b>		9. AGE (In years, last birthday) <b>81</b>		If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>PANA ILK</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>	
13a. FATHER'S NAME <b>S.V. ROSEBERRY</b>		13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Geo J. SMYTH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ethel Edstrom</b> ADDRESS <b>3950 Westminister</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Iron deficiency anemia</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b> <b>4 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>291X</b>			
22. I hereby certify that I attended the deceased from <b>May 19, 1949</b> , to <b>Mar. 28, 1951</b> , that I last saw the deceased alive on <b>Mar. 28, 1951</b> , and that death occurred at <b>6:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Norton Job Covell, M.D.</b> (Degree or title)				23b. ADDRESS <b>6356 Chyten Road</b>		23c. DATE SIGNED <b>Apr 29, 1951</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-31-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>	
DATE RECORDED BY LOCAL HEALTH DEPT. <b>MAR 29 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. K. ...</b> ADDRESS <b>2707 N. Grand</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Peter B. Duchoulet*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights*

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, fact should be so stated above.