

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6830**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1103**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give approximate) OR TOWN St. Louis, Missouri		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN McKirkwood, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location)	
		425 Parkwood Road.	

3. NAME OF DECEASED (Type or Print)	a. (First) Dallas	b. (Middle) Myrle	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 7, 1894	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrial Sales Mgr.	10b. KIND OF BUSINESS OR INDUSTRY McQuay-Norris Mfg. Co.	11. BIRTHPLACE (City and State or Foreign Country) near College Corner, Ohio	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ulysess Grant Smith.	13b. MOTHER'S MAIDEN NAME Amy Penticost Smith	14. NAME OF HUSBAND OR WIFE Louise Smith.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. W.W. I.	16. SOCIAL SECURITY NO. 493-09-4180	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Smith. ADDRESS 425 Parkwood Road.

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		INTERVAL BETWEEN ONSET AND DEATH Sev. days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia right lung		Sev. Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma with metastases to lymph nodes, liver and kidneys DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 162 ft

22. I hereby certify that I attended the deceased from **October 1953**, to **2/3**, 19**54**, that I last saw the deceased alive on **2/3**, 19**54**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. R. Bradley	23b. ADDRESS M. D. Barnes Hospital	23c. DATE SIGNED 2/3/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-5-1954	24c. NAME OF CEMETERY OR CREMATORY Whealers Grove Cemetery
		24d. LOCATION (City, town, or county) (State) La Fayette, Indiana

DATE REC'D BY LOCAL REG. FEB 4 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons; ADDRESS 7233 Delmar Blvd.,
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F.P. (Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Arnold W. Scho*

Licensed Embalmer No. *384*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.