

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32622
Registrar's No. 2261

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Shrewsbury**

c. LENGTH OF STAY (in this place) **3 yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION **5124 Deville**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**

b. COUNTY **St. Louis**

c. CITY OR TOWN **Shrewsbury**

d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) **5124 Deville**

3. NAME OF DECEASED (Type or Print)

a. (First) **John**

b. (Middle) **E.**

c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 23, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Nov. 20, 1874**

9. AGE (In years last birthday) **79**

IF UNDER 1 YEAR Months _____ Days _____

IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farm**

11. BIRTHPLACE (City and State or Foreign Country) **Robertsville, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Richard Smith**

13b. MOTHER'S MAIDEN NAME **Mary Ann Caldwell**

14. NAME OF HUSBAND OR WIFE **Sally Smith**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Alberta Dalton Shrewsbury, Mo.**

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Self-inflicted gunshot wound of head.**

Body was found in a park area next door to his home. A 38 cal. revolver with one discharged cartridge in it was laying near the body.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO **996X**

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Suicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Park area at Seminary**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Shrewsbury St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **9/23/54 2:45Pm.**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Self-inflicted gunshot wound of head.**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Arnold Killman Coroner**

23b. ADDRESS **Clayton, Mo.**

23c. DATE SIGNED **9/28/54**

24a. BURIAL, CREMATION, REMOVAL **Removal**

24b. DATE **9-26-54**

24c. NAME OF CEMETERY OR CREMATORY **Evangelical Cemetery**

24d. LOCATION (City, town, or county) (State) **Union, Mo.**

DATE REC'D BY LOCAL REG. _____

REGISTRAR'S SIGNATURE _____

25. FUNERAL DIRECTOR'S SIGNATURE **St. Louis, Mo.**

(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 *H. M. Lewis*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Clair,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.