

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39664

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 2464	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWNSHREWSBURY		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN SHREWSBURY MO			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7614 ARLINGTON				d. STREET ADDRESS (If rural, give location) 7614 ARLINGTON			
3. NAME OF DECEASED (Type or Print) a. (First) ROBY b. (Middle) LEE c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) OCT. 21, 1954				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR 14 1884	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (State or foreign country) BOURBON, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME GEORGE L. SMITH		13b. MOTHER'S MAIDEN NAME MARTHA WESTOVER		14. NAME OF HUSBAND OR WIFE HATTIE R. 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. NOT KNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES SMITH 7614 ARLINGTON			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate 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 1 year 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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?			
22. I hereby certify that I attended the deceased from 4/7, 1949, to 10/21, 1954, that I last saw the deceased alive on 10/21/54, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Print or title) D. H. King M.D.				23b. ADDRESS 689 E. Big Bend		23c. DATE SIGNED 10/33/54	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 25, 1954		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM. -		24d. LOCATION (City, town, or county) (State) KIRKWOOD MO	
DATE REC'D BY LOCAL REG 10/23/54		REGISTRAR'S SIGNATURE H. H. ...		FUNERAL DIRECTOR'S SIGNATURE C. ...		ADDRESS 831 E. Big Bend Bl.	
(Licensed Embalmer's Statement on Reverse Side) Webster 19 mo.							

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
Student Embalmer

Signed.....

J. Allen Raney Jr.

Licensed Embalmer No. *40513*

P. O. Address..... *Blk.*

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.