

FILED JUN 24 1954

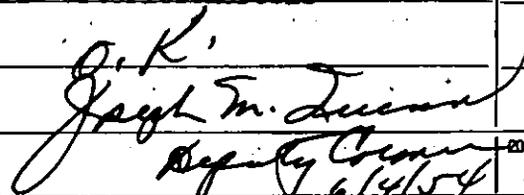
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

21281

Registrar's No. ....

4831

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>Mo.</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) <b>1-day</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>BARNES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>3 6736 Arsenal Street 202 7</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Smyth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 30, 1954</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>May 27, 1890</b>			
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>3</b>		IF UNDER 10 HRS. Hours <b>3</b> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patrolman- Railway Express Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) / <b>Castleton, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Lawrence Smyth</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Devenish</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Olive Smyth</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Olive Smyth, 6736 Arsenal Street</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				DUE TO (b) <b>Cerebral arteriosclerosis</b>				<b>24 hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				<b>2 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				 <b>Deputy Coroner</b> <b>6/4/54</b>				18. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
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) <b>334X</b>					
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 <b>5/29/1954</b> , to <b>5/30/1954</b> , that I last saw the deceased alive on <b>5/30/1954</b> , and that death occurred at <b>1:50 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Frank B. Norton M.D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>6-1-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUN 1 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter J. Donnelly, 3846 Lindell Blvd.</b>					

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

M.A.B.

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....  
Signature of Student Embalmer

Signed W. L. Baker

Licensed Embalmer No. 461

P. O. Address Paris, Mo.

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.

*I certify to you  
on this year  
embalmer 77*