VALID ONLY WITH IMPRESSED SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

DATE ISSUED: MAY 13, 1991 — STATE REGISTRAR OF VITAL RECORDS

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

1. Decedent's Name (First, Middle, Last): ROBERT S. SMITH JR.
2. Date of Death: Month 05 Day 12 Year 91
3. Time of Death: 10:30 P.M.
4. Social Security Number: 217-24-4106
5. Sex: [X] Male [ ] Female
6. Age (in yrs. last birthday): 60 YRS.
7. Date of Birth (Month, Day, Year): 06 15 30
8. Birthplace (State or Foreign Country): MASSACHUSETTS
9a. Facility Name (If not institution, give street and number): 307 WILLIAMS ROAD
9b. City, Town or Location of Death: GLEN BURNIE
9c. County of Death: ANNE ARUNDEL

RESIDENCE OF DECEDENT

10a. State: MARYLAND
10b. County: ANNE ARUNDEL
10c. City, Town or Location: GLEN BURNIE
10d. Inside City Limits? [ ] Yes [X] No
10e. Street and Number: 307 WILLIAMS ROAD
10f. Zip Code: 21061
10g. Citizen of What Country? U.S.A.
11. Marital Status: [X] Married
12. Was Decedent Ever in U.S. Armed Forces? [X] Yes — If yes, give war or dates: KOREAN
13. Was Decedent of Hispanic Origin? [X] No
14. Race: WHITE
15. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 0
16a. Decedent's Usual Occupation: INSPECTOR
16b. Kind of Business/Industry: ELECTRONIC SYSTEMS MFG
17. Father's Name (First, Middle, Last): ROBERT S. SMITH SR.
18. Mother's Name (First, Middle, Maiden Surname): BELLE ARLENE MEYERS
19a. Informant's Name (Type/Print): ANITA THIESSEN SMITH
19b. Mailing Address: 307 WILLIAMS ROAD-GLEN BURNIE, MD. 21061
20a. Method of Disposition: [X] Burial
20b. Place of Disposition (Name of cemetery, crematory or other place): NEW CATHEDRAL
20c. Location — City or Town, State: BALTIMORE, MD.
21. Signature of Funeral Service Licensee: Gary L. Kaufman
22. Name and Address of Facility: RAYMOND C. FINK FUNERAL HOME 21061, 426 CRAIN HWY. S.W. GLEN BURNIE, MD.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a.	RESPIRATORY AREST	
Due to (or as a consequence of): b.	METASTATIC ADENOCARCINOMA TO BONE	
Due to (or as a consequence of): c.	PROSTATE CANCER	
Due to (or as a consequence of): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. Was an Autopsy Performed? [X] No
24b. Were Autopsy Findings Available Prior to Completion of Cause of Death? N/A
25. Was Case Referred to Medical Examiner? [X] No
26. Place of Death (Check only one): Other: [X] Residence
27. Manner of Death: [X] Natural
28a. Date of Injury:
28b. Time of Injury:
28c. Injury at Work?
28d. Describe How Injury Occurred:
28e. Place of Injury:
28f. Location:
29a. Certifier: [X] Certifying Physician (To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.)
[ ] Medical Examiner (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.)
29b. Signature and Title of Certifier: MD
29c. License Number: D17173
29d. Date Signed: 05/13/91.
30. Name and Address of Person Who Completed Cause of Death (Item 23): EVA ZINREICH M.D. 6701 N. CHARLES STREET, BALTIMORE, MARYLAND 21204
31. Date Filed: MAY 13 1991
32. Registrar's Signature:

DHMH-16 Rev 1/89