N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37257
Do not use this space.

1. PLACE OF DEATH

(a) County ..... | Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9584

(c) City St. Louis, Mo. (d) Street No. Barnes Hosp. - 4930 Lindell St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myrtle Leah Fyock.

(a) Residence, No. # 5520 Cabanne Ave. St. 5

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell T. Fyock.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 26-1889

7. AGE: Years 49. Months X Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Interior

9. Industry or business in which work was done, as saw mill, bank, etc. Decorator.

10. Date deceased last worked at this occupation (month and year) Self

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Arc, Ark.

FATHER

13. NAME — Nichols.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER

15. MAIDEN NAME Telitha —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

17. INFORMANT Helen Fyock.
(ADDRESS) # 5520 Cabanne, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crem. DATE Nov, 4th, 38

19. FUNERAL DIRECTOR (NAME) C. R. Hupton & Sons
(ADDRESS) # 7233 Delmar Blvd.

20. FILED NOV 4 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1938 to Nov. 2, 1938

I last saw he alive on Nov. 1, 1938. Death is said to have occurred on the date stated above, at 12 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	10-18-38+
Metastases from Carcinoma	10-18-38+

Other contributory causes of importance:

Radical removal of breast by Dr. Topper

Name of operation at Barnes Hosp. Date of 1929

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) J. Campbell, M. D.

(Address) 6128 Hamilton Ave.

(Licensed Embalmer's Statement on Reverse Side)

5896 Cates

Ca - 5519

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, ...

Bradford A. Miles, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.