

FILED MAR 10 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 111

Registrar's No. 503

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days  
(Specify whether years, months or days)

In this community 31 Years

3. (a) PRINT FULL NAME Katharine Dyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. / 5. Color or race W. / 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife George L. Dyer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 13th, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 11 20 hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Adam Dobson

13. Birthplace Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet De Ford

15. Birthplace Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant George L. Dyer Jr.

(b) Address 4443 West Pine Blvd.

17. (a) Burial (b) Date thereof 3-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR - 4 1942 (b) C. E. The Baron  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4443 West Pine Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3rd. year 1942 hour 8 minute 30 p. a. m.

21. I hereby certify that I attended the deceased from Oct 1, 1941, to March 3, 1942  
that I last saw him alive on March 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death general carcinomatous Duration 6 mo

Due to Carcinoma of left ovary 1941

Due to \_\_\_\_\_

Other conditions 4 yrs  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma ovarii, adenoid, metastatic, liver, peritoneum

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. Bourne Kane (M. D. or other) \_\_\_\_\_

Address 1117 2nd St Date signed 3/4/42

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

EMMET

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.