

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED MAR 30 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2623

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 717
(d) Street No. 6322 Garesche Ave.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Odessa Jean Dyer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 17
year 1946 hour 9 minute _____ P. M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walker R. Dyer
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased July 30 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 7th 1946 until March 17 1946
that I last saw her alive on March 17 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
46 7 17 hr. min.

Immediate cause of death:
Carcinoma of Uterus - Primary
Omental Carcinomatosis
metastatic
Due to _____
Due to _____

9. Birthplace Cedar City Mo. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) H&H
Major findings: Of operations _____
Of autopsy 900
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name James R. Thorpe
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Emma Trail
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Walker R. Dyer
(b) Address 6322 Garesche Ave
17. (a) Burial (b) Date thereof 3-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holts Summit, Mo.

While at work? _____ (Specify type of place)
(c) Means of injury 5
23. Signature Geo A Mellgren (M. D. or other)
Address 2739 N. Grand Date signed 3-19

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAR 19 1946 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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

9989

(MOTOR)

46

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 Warren A. Carve
Licensed Embalmer No. 3537

P. O. Address.....

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.