

S. No. 300
OM - 10-47
rv. 5-17-39
I 3906

FILED MAR 25 1948
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Park Lane 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 **Missouri** (b) County **St. Louis**
(c) City or town **Overland**
(If outside city or town limits, write "RURAL")
(d) Street No. **3705 Endicott**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Dorothy Marie Settle

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Richard Settle**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **January 31 1914**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| 34 | 1 | 15 | hr. _____ min. |

9. Birthplace: **Anna Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business _____

12. Name **Robert Brimm**

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

14. Maiden name **Ellen Crowell**

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

16. (a) Informant **Richard Settle**

(b) Address **3705 Endicott**

17. (a) **Burial** (b) Date thereof **3-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director: **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 17 1948** **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **March** day **16**
year **1948** hour **1** minute **30** A.M.

21. I hereby certify that I attended the deceased from **2-29**, 19**48**, to **3-16**, 19**48**.
that I last saw her alive on **March 15**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Colicium** Duration **Southwestern**
Due to **etiology not known**

Due to **H/O**
Other conditions **CA metastasis to meninges**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Colicium with metastasis**
Of operations **None**
Of autopsy **None**
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 **0**

23. Signature **John Stymard** (M. D. or other) _____
Address **Metropolitan Bldg** Date signed **3/16/48**

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

100
17
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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 Ernest W. Spillers
Licensed Embalmer No. 4080
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.