

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12186**

FILED MAR 31 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2771	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,				c. LENGTH OF STAY (in this place) 52 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1429a Angelica Street				e. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2269			
f. STREET ADDRESS 1429a Angelica Street				g. DATE OF DEATH March 11 1953			
3. NAME OF DECEASED (Type or Print)		a. (First) JEWELL		b. (Middle)		c. (Last) PYEATT	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan-29-1898	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		11. BIRTHPLACE (City and State or Foreign Country) Lynn, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christopher Pyeatt		13b. MOTHER'S MAIDEN NAME Francis Montgomery		14. NAME OF HUSBAND OR WIFE Loretta Pyeatt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-07-5682		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loretta Pyeatt 1429a Angelica Street			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Urinary Bladder & Uterus</i>				INTERVAL BETWEEN ONSET AND DEATH 8 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>Oct 10-52</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Urinary Bladder</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR 181X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>Oct 5, 1952</i> , to <i>March 11, 1953</i> , that I last saw the deceased alive on <i>March 9, 1953</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H.E. Matthews</i>				23b. ADDRESS <i>4110 W. Flannery</i>		23c. DATE SIGNED <i>3-13-53</i>	
24a. BURNAL CREMATION, REMOVAL (Specify) Removal		24b. DATE March 14 1953		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE RECEIVED LOCAL REG. MAR 1 4 1953		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. INC. 1936 St. Louis Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.