

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22907

State File No.

5569

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **33-yrs.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4329 McPherson Ave.** e. STREET ADDRESS (If rural, give location) **19 4329 McPherson Ave.** **2197** **D**

3. NAME OF DECEASED a. (First) **Ruth** b. (Middle) **F.** c. (Last) **Hyatt** 4. DATE OF DEATH (Month) (Day) (Year) **June 4, 1953**

5. SEX **F.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **D.** 8. DATE OF BIRTH **Jan. 28, 1900** 9. AGE (In years last birthday) **53** IF UNDER 1 YEAR **4** Months **6** Days IF UNDER 4 HRS. **0** Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Spring Garden, Ill.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John Judson Monroe** 13b. MOTHER'S MAIDEN NAME **Sarah Louvina Cox** 14. NAME OF HUSBAND OR WIFE **William Hyatt**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **not known** 17. INFORMANT'S SIGNATURE OR NAME **Miss Sarah Floy Monroe** ADDRESS **4329 McPherson Ave.**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Granular Cell carcinoma** INTERVAL BETWEEN ONSET AND DEATH **4 months**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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 _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **175X**

22. I hereby certify that I attended the deceased from **June**, 19**53**, to **6-4-53**, 19**53**, that I last saw the deceased alive on **6-1-53**, 19**53**, and that death occurred at **4A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George Anstey M.D.** 23b. ADDRESS **4660 Maryland Ave** 23c. DATE SIGNED **6-4-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 6, 1953** 24c. NAME OF CEMETERY OR CREMATORY **St. John's Cemetery** 24d. LOCATION (City, town, or county) (State) **Collinsville, Ill.**

DATE REC'D BY LOCAL REG. **JUN 4 1953** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** FUNERAL DIRECTOR'S SIGNATURE **J. Donnelly** ADDRESS **3840 Lindell Blvd.**

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.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *356*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.