No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10322

BIRTH NO: FILED APR 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2877

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2089
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]: 0
e. STREET ADDRESS (If rural, give location): 8 867 McLaran Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First) GERALDINE b. (Middle) H. ORTON c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): March 28th, 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 28th, 1907
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Greely, Kansas
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Frank Tippin
13b. MOTHER'S MAIDEN NAME: Maude Atchison
14. NAME OF HUSBAND OR WIFE: James Orton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 490-26-5716
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: James Orton, 867 McLaran Ave.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma Sarcoma Primary Site Not Known — INTERVAL BETWEEN ONSET AND DEATH: Year ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Melanoma fundus interior eye — Rec 1 yr ago may 53
DUE TO (c) Melanoma Sarcoma River — Months -

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Metastasis

19a. DATE OF OPERATION: May 20 53
19b. MAJOR FINDINGS OF OPERATION: Dec 29 -53 Biopsy Melano Sarcoma
20. AUTOPSY? YES [X] 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): 192X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* March 28, 1954, *that I last saw the deceased alive on* 3-21, 1954, *and that death occurred at* 10:10 p.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W P Hamilton MOD.
23b. ADDRESS: 8363 Halls Ferry Rd
23c. DATE SIGNED: 3-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: March 31 1954
24c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: MAR 30 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: DIEDRICH FUNERAL HOME, 8319 Hallsferry

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.