

FILED APR 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13968**
Registrar's No. **3012**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital.		e. STREET ADDRESS (If rural, give location) 330h Victor Street.	

3. NAME OF DECEASED (Type or Print) Pearline Pyatt			4. DATE OF DEATH (Month) (Day) (Year) Mar. 31, 1954.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28, 1912		9. AGE (In years last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restuarant	11. BIRTHPLACE (City and State or Foreign Country) Spottsville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Higgs	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE William Pyatt
---	--	---

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. 498-26-0478	17. INFORMANT'S SIGNATURE OR NAME William Pyatt	ADDRESS 330h Victor 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma cervix of uterus		INTERVAL BETWEEN ONSET AND DEATH don't know.
	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.		Bilateral atelectasis	

19a. DATE OF OPERATION 3-19-54	19b. MAJOR FINDINGS OF OPERATION D and C Carcinoma of cervix	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) 171X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-19-54**, 19**54**, to **3-31-54**, 19**54**, that I last saw the deceased alive on **3-31-54**, 19**54**, and that death occurred at **8:20 p.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter H. Sporeman M.D.	23b. ADDRESS 1515 St. Louis	23c. DATE SIGNED 4-2-54
--	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-1-54	24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	24d. LOCATION (City, town, or county) (State) Frankley, Missouri
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. APR 8 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
---	---	--	------------------------------------

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 *Fred J. Ganner*

Licensed Embalmer No. *470*

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.