

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18486**
Registrar's No. **5165**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 18486		Registrar's No. 5165					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY									
b. CITY OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) Life		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 St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 4120 Peck Street, 7,									
3. NAME OF DECEASED a. (First) RUSSELL			b. (Middle) JEWELL			c. (Last) PYEATT			4. DATE OF DEATH (Month) (Day) (Year) May 25th, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Feb. 15th, 1921		9. AGE (In years last birthday) 35		if UNDER 1 YEAR Months Days		if UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY General Electric Service Shop				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jewell Pyeatt				13b. MOTHER'S MAIDEN NAME Elsie Kopp				14. NAME OF HUSBAND OR WIFE Dolores Pyeatt nee Haveland					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #2				16. SOCIAL SECURITY NO. 500-18-9386		17. INFORMANT'S SIGNATURE OR NAME Dolores Pyeatt, 2207 Ashton Drive, 21							
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) Perforated duodenal ulcer								INTERVAL BETWEEN ONSET AND DEATH 4 days			
*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) Peritonitis											
		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 5/23/56		19b. MAJOR FINDINGS OF OPERATION As above								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 5/23/56 , 19___, to 5/25/56 , 19___, that I last saw the deceased alive on 5/25/56 , 19___, and that death occurred at 1023P m., from the causes and on the date stated above.													
23a. SIGNATURE Boice Saucier M.D.				(Degree or title)				23b. ADDRESS 7820 Carondelet		23c. DATE SIGNED 5/26/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/28/56		24c. NAME OF CEMETERY OR CREMATORY Next Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
DATE REC'D BY LOCAL REG. MAY 29 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4828 Natural Bridge Blvd. GENERAL HOME, St. Louis, 15, Missouri.							

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

JUN
7 1956

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..... *Ralph L. Zander*

Licensed Embalmer No..... *42*

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.