No. 300
10-48

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

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3242

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 542 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Richmond Hts [redacted] (Township)
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JEFFERSON
c. CITY OR TOWN: FESTUS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R#2 c500

3. NAME OF DECEASED (Type or Print)
a. (First): LULU
b. (Middle): MARY
c. (Last): DALLAS

4. DATE OF DEATH (Month) (Day) (Year): 1-2-57

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 25, 1897
9. AGE (In years last birthday): 59
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): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and State or Foreign Country): PERRY COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN A. SMITH
13b. MOTHER'S MAIDEN NAME: CAROLINE UTERREINER
14. NAME OF HUSBAND OR WIFE: FRANK X.

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Frank X. Dallas
ADDRESS: Festus R#2 Mo.

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): Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: undetr.

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.: Uremia — 2 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 203X
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?

22. *I hereby certify that I attended the deceased from* 12/14, 1956 *to* 1/2, 1957, *that I last saw the deceased alive on* 1/1, 1957, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W. Parker (Degree or title) M.D.
23b. ADDRESS: 4660 Maryland St. Louis, Mo
23c. DATE SIGNED: 1/3/57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 1-5-57
24c. NAME OF CEMETERY OR CREMATORY: CATHOLIC CEMETERY
24d. LOCATION (City, town, or county) (State): CRYSTAL CITY, MO.

DATE REC'D BY LOCAL REG.: 1-2-57
REGISTRAR'S SIGNATURE: Herbert B. Dombek
25. FUNERAL DIRECTOR'S SIGNATURE: Henry R. Politte
ADDRESS: Crystal City Mo.

(Licensed Embalmer) (See Statement on Reverse Side)

MAR 12 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gentry R. Pollitte

Licensed Embalmer No. 34

P. O. Address Crystal Ci

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.