

FILED APR 26 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

3670

5. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6134 West Park				Length of stay in 1b 20 1/2		STREET ADDRESS (If outside, give location) 6134 West Park	
3. NAME OF DECEASED (Type or print) First Gertrude Middle E Last Dyson				4. DATE OF DEATH Month April Day 15 Year 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours 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 country) Williamsburg, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Arnold				14. MOTHER'S MAIDEN NAME Elvira Allen			
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. none		17. INFORMANT Address Homer P Dyson 6134 West Park			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Uterus Ovaries with metastasizing into cervical glands DUE TO (b) (Carcinoma of uterus, ovaries, with metastases into cervical glands) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Serility						INTERVAL BETWEEN ONSET AND DEATH 4/15/57	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 4/15/57 to 4/15/57 and last saw her alive on 4/15/57 . Death occurred at 3:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Albert J. Griot (Print or title) <i>Albert J. Griot M.D.</i>				22b. ADDRESS 3109 2 Grand Blvd		22c. DATE SIGNED 4/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4/17/1957		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. APR 17 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

St. Louis
 5131 West Park
 George E. Dwyer
 April 15 1957
 March 7, 1890
 White
 at home
 Robert Arnold
 Elyse Allen
 Hotel Elyse Allen
 St. Louis

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 E. P. Kidwell
 Licensed Embalmer No. 387
 P. O. Address 7027 Mrs

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.