Health, Welfare Public Service

300
1-56 0

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034773
STATE FILE NUMBER

SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8685

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO. Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 32 ST. LUKES HOSP. Length of stay in 1b: 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: (12)
c. CITY OR TOWN: ST. LOUIS, MO Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1371 Montclair Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First HARRY Middle G. Last TRYON
4. DATE OF DEATH: Month 9 Day 6 Year 58
5. SEX: MALE
6. COLOR OR RACE: W
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-11-90
9. AGE (In years last birthday): 67
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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: Chr. Board of Pub.
11. BIRTHPLACE (City and state or country): BOONE, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: EUGENE MORTON TRYON
14. MOTHER'S MAIDEN NAME: MARTHA TAYLOR
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.: 479-05-0893
17. INFORMANT: Mrs. Birdie Tryon, Address: 1371 Montclair

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Wound evisceration
DUE TO (c): Reticulum cell sarcoma, rt colon.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): 200.0
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8/23/58, to 9/6/58 and last saw ~~her~~ him alive on 9/6/58
Death occurred at 9 30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George B. Rader (Degree or title) M.D.
22b. ADDRESS: St Louis Mo 457 N. Kingshighway
22c. DATE SIGNED: 9/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-10-58
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: SEP 8 '58
26. REGISTRAR'S SIGNATURE: Paul Smith MD

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 405

P. O. Address St. Louis,

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