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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32502

FILED OCT 9 1943

Registration District No. 1437 Primary Registration District No. 3066 Registrar's No. 2229

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

096
4
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**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: U. S. Marine Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 (Specify whether years, months or days) 0

In this community nonresident

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town 6205 Odel (If outside city or town limits, write "RURAL") 17

(d) Street No. St. Louis, Missouri (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME John Dryton

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Lillie Dryton

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August (Month) 6th (Day) 1878 (Year)

8. AGE: Years 65 Months 1 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace England (City, town, or county) England (State or foreign country) 4

10. Usual occupation Watchman

11. Industry or business Str. Admiral

FATHER
12. Name Alexander Dryton
13. Birthplace England (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Helen Armstrong
15. Birthplace Scotland (City, town, or county) (State or foreign country) 4

16. (a) Informant Hospital Clinical Records

(b) Address U.S. Marine Hospital, Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary.

(b) Address 6464 Chippewa St. St. Louis, Mo.

19. (a) OCT 4 1943 (Date received local registrar) (b) C. G. McGovern, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 30th day September year 1943 hour 11:55 minute P.M.

21. I hereby certify that I attended the deceased from Aug. 25, 1943, 19__, to Sept. 30 th, 1943; that I last saw him alive on Sept. 30th, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Atelectasis, left lung, following operation | 3 days |
| Due to Unknown cause 126 | |
| Due to Hypertensive cardio-vascular disease; Chr. Cholecystitis with Cholelithiasis | Unknown Unknown |
| Other conditions (Include pregnancy within 3 months of death): acute pulmonary edema | 2 days |

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings: Of operations Chr. Cholecystitis with Cholelithiasis

Of autopsy same as above, specimens to pathologist -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? X (e) Means of injury X

23. Signature W. P. Sellers (M. D. or other) 0

Address U.S. Marine Hospt. Kirkwood, Mo Date signed 10/1/43

(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 embalmed by me, or by Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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 this body is not embalmed, fact should be so stated above.**