

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33690

State File No. \_\_\_\_\_

RECEIVED OCT 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>2552</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY OR TOWN <u>OVERLAND</u>		c. LENGTH OF STAY (In this place) <u>28 YRS</u>		c. CITY OR TOWN <u>OVERLAND</u>		d. STREET ADDRESS <u>2529 HOOD</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2529 HOOD</u>				d. STREET ADDRESS (If rural, give location) <u>2529 HOOD</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>		b. (Middle) <u>A</u>		c. (Last) <u>DILLREE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 1 1952</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 31 1901</u>			
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, unless retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNIVERSITY CITY MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>LEE HUTCHISON</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE MAUPIN</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK DILLREE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>48-22-6844</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK DILLREE</u>		ADDRESS <u>2329 HOOD</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>174X</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>S</u>		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) (Min.)		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 <u>Sept 28, 1952</u> to <u>Sept 30, 1952</u> , that I last saw the deceased alive on <u>Sept 30, 1952</u> , and that death occurred at <u>11:46 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>S. Paul, M.D.</u> (Degree or title)				23b. ADDRESS <u>Overland, Mo.</u>		23c. DATE SIGNED <u>10-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZIONS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PAGE PALE MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>10-3-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dumble MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Hillman</u> ADDRESS <u>Overland Missouri</u>					

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

527

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *E. L. Hillman* \_\_\_\_\_  
Licensed Embalmer No. *3501* \_\_\_\_\_  
P. O. Address *Portland Missouri* \_\_\_\_\_

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.