

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6077

State File No.

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1082

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 5400 Arsenal St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) MATILLIE		a. (First) DOLIVE		b. (Middle) DEARING	
c. (Last)		4. DATE OF DEATH Feb. 1, 1954		(Month) (Day) (Year)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 8 1889		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME EDWARD DOLIVE		13b. MOTHER'S MAIDEN NAME LOUISE FECHNER	
14. NAME OF HUSBAND OR WIFE FRANK DEARING		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MRS. CONRAD HARTMANN		ADDRESS 6066 LANSDOWN		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.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pencillin reaction c̄ manifestation		2. ANTECEDENT CAUSES of chronic diarrhea and exfoliative dermatitis (clinical)		INTERVAL BETWEEN ONSET AND DEATH 1 week 10 yrs.	
3. DUE TO (b) Generalized arteriosclerosis		4. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)		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? 7055	
22. I hereby certify that I attended the deceased from Jan. 1, 1953 , to Feb. 1, 1954 , that I last saw the deceased alive on Feb. 1, 1954 , and that death occurred at 10:05p , from the causes and on the date stated above.					
23a. SIGNATURE Bette Harris Simon, M.D.		(Degree or title)		23b. ADDRESS 5400 Arsenal St.	
23c. DATE SIGNED 2/2/54		24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE FEB. 3 1954	
24c. NAME OF CEMETERY OR CREMATORY Missouri CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		DATE REC'D BY LOCAL REG. FEB 3 1954	
REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Thomas Kutis		ADDRESS 2906 Lewis	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Samuel C. Hill

Licensed Embalmer No. *434*

P. O. Address *2906 D*

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.