

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. 1200

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1200

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Illinois</u> b. COUNTY <u>CHINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>TRENTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>26 Days</u>		e. STREET ADDRESS (If rural, give location) <u>8120g</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 ST. Luke's Hsp.</u>		32	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u> b. (Middle) _____ c. (Last) <u>Pyle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 57</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>7-2-1929</u>		9. AGE (In years last birthday) <u>27</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			

13a. FATHER'S NAME <u>James Newman</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>HARRY PYLE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-28-2299</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Pyle Trenton Ill</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Adenoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>and</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Constriction; Anesthacia</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subsiding operation for ulcerated Colitis at St. Luke's Hospital on February 5 1957.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SURVEY (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 5 57 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>572.2</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:18A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick & Tyler Cairns</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>2/6/58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-6-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TRENTON</u>	
				24d. LOCATION (City, town, or county) (State) <u>ILL</u>	

DATE REC'D BY LOCAL REG. <u>FEB 6 57</u>		REGISTRAR'S SIGNATURE <u>Harlan Glangner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Trenton Ill</u>	
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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 *Frank Cross*.....

Licensed Embalmer No. *4350*

P. O. Address *St. Louis, Mo.*

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.