MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-024567
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6130

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Charles, Mo
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 714 Lewis
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Dorothy Middle: L. Last: Dryden

4. DATE OF DEATH: Month: June Day: 17 Year: 1962

5. SEX: F

6. COLOR OR RACE: Negro

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-17-12

9. AGE (last birthday): 49

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Archie Brown

13b. MOTHER'S MAIDEN NAME: Alice Johnson

14. NAME OF HUSBAND OR WIFE: Alphonso Dryden

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.: None

17. INFORMANT: Alphonso Dryden, 714 Lewis
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis	3 mo
DUE TO (c)	Carcinoma of lung	2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 4-4-62, to 6-17-62 and last saw her/him alive on 6-17-62

Death occurred at 7:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William F. Mallitte MD

22b. ADDRESS: 307 S. Euclid

22c. DATE SIGNED: 6.19.62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6/23/62

23c. NAME OF CEMETERY OR CREMATORY: Oakgrove Cemetery

23d. LOCATION (City, town, or county) (State): St. Charles, Missouri

24. FUNERAL DIRECTOR: Charles J. Gates, Jr.
ADDRESS: 4107 Finney

25. DATE RECD. BY LOCAL REG.: JUN 20 1962

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

JAN 29 1963

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 Raymond Dickson, Student Embalmer No. 665 working under my personal supervision.

Student Raymond Dickson
Signature of Student Embalmer

Signed Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.