

R 29 1939

REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16200  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 2nd Registered No. 783  
(c) City Jefferson Barracks (d) Street No. Veterans Facilities St. Unkn.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George A. Dyhre

(a) Residence, No. 650 St.  Steeleville, Illinois.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 1 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. -  
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Denver,  
(STATE OR COUNTRY) Colorado

13. NAME John Dyhre

14. BIRTHPLACE (CITY OR TOWN) -  
(STATE OR COUNTRY) Denmark

15. MAIDEN NAME Caroline Jergins

16. BIRTHPLACE (CITY OR TOWN) -  
(STATE OR COUNTRY) Denmark

17. INFORMANT Clinic M. Dyhre, Jr. Jefferson  
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Steeleville, Ill. DATE 4-29-1939

19. FUNERAL DIRECTOR (NAME) Walters & Sons  
(ADDRESS) Steeleville, Ill.

20. FILED APR 29 1939 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1939, to April 29, 1939

I last saw him alive on April 29, 1939, 19... Death is said to have occurred on the date stated above, at 4:15Am.  
The principal cause of death and related causes of importance were as follows:

Pyonephrosis and Nephrolithiasis, left kidney.

Date of onset  
10 yrs. ago

Other contributory causes of importance:  
Nephrectomy

2 days ago

Name of operation Nephrectomy Date of 4-27-39  
by clinical path. and lab.  
What test confirmed diagnosis? - Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? - Date of injury -, 19...  
Where did injury occur? - (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -  
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Yes  
(Signed) C. W. HUGHES, Chief Med. Officer! M. D.  
(Address) VAF Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Thomas Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**