

FEB MAR 12 1940

791

Registration District No. _____

1003

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 das
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME 600 Rudy Dyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 429-01-3439

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 25th 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 26 If less than one day hr. _____ min. _____

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Usher

11. Industry or business _____

12. Name John Dyer

13. Birthplace Fulton MO
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Brown

15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Dyer

(b) Address 2728 Stoddard St

17. (a) Burial (b) Date thereof 2/26/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randleman

(b) Address 3133 Bell Ave

19. (a) FEB 23 1940 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2728 Stoddard
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1940 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from February 9, 1940 to February 21, 1940
that I last saw him alive on February 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease
Cirrhosis of liver (Alcoholic)

Duration
2-3 yrs
5-6 mos

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. J. Lyman (M.D. or other)

Address 2600 N Whittier Date signed _____

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 _____

Licensed Embalmer No. 2698

P. O. Address 2769 Choate

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, above space should be left blank.