S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19547

ED JUN 14 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1025

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3547 Charlack Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 3547 Charlack Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank E. Dyer LAM

3. (b) If veteran, name war Spanish

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Bessie S. Dyer nee Lovell

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased November 13, 1876 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Retired Post Office

11. Industry or business Employee

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Forrest E. Dyer

(b) Address 3547 Charlack Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 28 1940 (Date received local registrar) (b) O. R. Meyer M.D. Dr P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1940 hour 1:20 AM minute ____ M.

21. I hereby certify that I attended the deceased from May 28, 1940 to May 28, 1940, that I last saw him alive on May 28, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hr.
Due to: 94b	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Sterling (M. D. or other) 1

Address 2050 Morel & Smith Rd Date signed 5-28-40

St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. Leonard Hampton

Licensed Embalmer No. 2967

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