

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9570**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Eroute to Homer Phillips Hos,  
(d) Length of stay: In hospital or institution 3 years, months or days  
In this community 3 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis Mo.  
(d) Street No. 1344 N Leffingwell Ave.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Solomon Leroy Dyer.

8. (b) If veteran, name war Child 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 31 1937  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 7 16 hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Dyer  
13. Birthplace St. Louis Mo.  
14. Maiden name Clara Earthy  
15. Birthplace Memphis Tenn.

16. (a) Informant Clara Earthy  
(b) Address 1344 N Leffingwell Ave.

17. (a) Rural (b) Date thereof 11-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK Cem.

18. (a) Signature of funeral director Ellis E. Fun, Home

(b) Address 2820 Stoddard St.

19. (a) NOV 23 1940 (b) J. D. Braddock  
(Date of investigation) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15  
year 1940 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation by smoke,  
suffered in fire at home at 1344 No. Leffingwell Ave.,  
caused by putting

Due to hot ashes in cardboard box about  
4:30 P.M., November 15, 1940. Damage

Due to to building \$500.00; contents  
\$150.00

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) Accident

(b) Date of occurrence Nov. 15, 1940

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

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

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 15

23. Signature Joseph M. Dyer (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

FILED DEC 7 1940

**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 L. Boykin  
....., Registered Apprentice No. 1948  
working under my personal supervision.

Signed Lommie Boykin

Licensed Embalmer No. 294

P. O. Address St. Louis

**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.**