

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39514

State File No.

FILED DEC 9 1941

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2425

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days
In this community 31 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME George L. Dyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Katherine Dyer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. 16th., 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 13 hr. min.

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

10. Usual occupation Gen. Agent

11. Industry or business Col. Nat. Life Ins. Co.

12. Name Martin Dyer

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

14. Maiden name Mary Mead

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

16. (a) Informant Geo. L. Dyer Jr.

(b) Address 4443 West Pine Blvd.

17. (a) Burial (b) Date thereof 12-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 1 1941 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4443 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th.
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 25 1941, to Nov 29 1941,
that I last saw him alive on Nov 29 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (left) 5 days
Duration
Due to Hypertensive Vas. Disease ?

Due to 3a

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 R. H. ... (M. D. or other) Beaumont
Address Beaumont Date signed

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

76
W 2006

DEC 10 1987

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... *W. H. Van Matre*.....
Licensed Embalmer No. *2825*.....
P. O. Address *4340 Lafayette*.....

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, fact should be so stated above.