

FILED JUN 2 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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. Phillip Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day
(Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 N. 19th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dock Dyson

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ella Dyson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Unknown 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months Unknown Days Unknown If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ella Dyson

(b) Address 2312 Carr, St.

17. (a) Burial (b) Date thereof 5th, 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. R. Dykes

(b) Address 1619 So. 3rd St.

19. (a) MAY 21 1942 (b) J. R. Dykes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1942 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from..... to.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis;
Chronic Interstitial Nephritis;

Due to.....

Due to.....

Other conditions 12/1
(Include pregnancy within 3 months of death)

Major findings: 12/1
Of operations.....

Of autopsy.....

Duration

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 W. J. Perry (M. D. or other)

Address 1022 1/2 Broadway Date signed 5/19/42

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

10066
170
9

200
17
9

1879.

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.

[Handwritten signature]

Signed _____

[Handwritten signature]

_____, Licensed Embalmer No. *22661*

P. O. Address *22661 28th St. Philadelphia*

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.