

FILED SEP 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

28672
7443

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
PARK LANE MEMORIAL HOSP.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 (Specify whether years, months or days)
 In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL") 910
 (d) Street No. 2922 Barrett St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RICHARD KLEIN DRYER

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

4. Sex MALE 5. Color or Race W 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 Aug 26 1942
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Rowley A. Dryer
 13. Birthplace Oklahoma
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane W. Kiehl
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Rowley A. Dryer

(b) Address 2922 Barrett St.
 17. (a) Burial (b) Date thereof 9-7-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Griedens

18. (a) Signature of funeral director H. G. Strick

(b) Address 2117 E. Grand Blvd

19. (a) SEP 6 1942 (b) J. F. Prudeak
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5
 year 1942 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from 8-26-42 19 to 9-5-42 19 ;
 that I last saw him alive on 9-5-42 19 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction, congenital

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 J. F. Prudeak (M. D. or other) M. D.
 Address 4980 Lindell Date signed 9-5-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

P. O. Address.....

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.