

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)
In this community 49 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County also
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 612 Walnut St., 9
Memorial (If rural, give location) 0
(e) Citizen of foreign country? 25- no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEVI DYER

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

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single ()

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

7. Birth date of deceased April 3rd 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired Chef

11. Industry or business _____

12. Name Benjamin Dyer

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

14. Maiden name Mary Koble

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

16. (a) Informant Anna Bogart

(b) Address 3246 N. Randolph Philadelphia Pa.

17. (a) Burial (b) Date thereof 4-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 22 1948 J. F. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4/3/48
to April 12th 1948
that I last saw him alive on April 12th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis - Lenticulo striate artery, right
Due to Cerebral arteriosclerosis

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

Major findings: _____
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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Jack Keller 4/14/48
Address 1515 Barquette Date signed

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..... **No Embalm.**

..... 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.