

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10825
Registrar's No.

FILED DEC 23 1948

318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 1/2 Wks.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 92
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Pine St, St Charles Mo.
N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME MINNIE DYER

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Dyer 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan, 20th, 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Lincoln Co, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Shad Morris

13. Birthplace Lincoln Co, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Morris

15. Birthplace Lincoln Co, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Dyer

(b) Address 1017 Pine St St Charles Mo.

17. (c) Medical (d) Date thereof 12-15-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(e) Place of burial or cremation Oak Grove Cem. St Charles Mo.

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

(b) Address 2820 Stoddard St

19. (a) DEC 15 1948 J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 11th,
year 1948 hour 5/55 minute P. M.

21. I hereby certify that I attended the deceased from 10-25-48 to 12-11-48
that I last saw her alive on 12-11-48
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to Cerebral Aneurysm 4 hrs

Due to 10/8

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy as above

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 J. B. Lasater (Mr. or other)
Address 23 10th St 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 J. L. C. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13, Mo.

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.