

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2489
Registrar's No. 888

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2229 OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 29, yrs		d. STREET ADDRESS (If rural, give location) 220, South Beaumont Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 220, South Beaumont Street		d. STREET ADDRESS (If rural, give location) 220, South Beaumont Street	
3. NAME OF DECEASED (Type or Print) a. (First) Lilla b. (Middle) Parson c. (Last) Dyson			4. DATE OF DEATH (Month) (Day) (Year) I- 25th, - 1951
5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH IO- IIth, 1893
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	11. BIRTHPLACE (State or foreign country) Columbus Mississippi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Domesticts	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Henry Hunter		13b. MOTHER'S MAIDEN NAME Phillis Pritchard	14. NAME OF HUSBAND OR WIFE Samuel Dyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel Dyson 220, South Beaumont
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HX31X	
22. I hereby certify that I attended the deceased from 1-14, 1951, to 1-25, 1951, that I last saw the deceased alive on 1-24, 1951, and that death occurred at 9:35 p.m., from the causes and on the date stated above.			
23a. SIGNATURE W. J. ... M.D.		23b. ADDRESS 1114 Jefferson Avenue	
23c. DATE SIGNED 1-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE In 31st, 1951	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) ST. LOUIS " " Missouri	
DATE REC'D BY LOCAL REG. JAN 29 1951		REGISTRAR'S SIGNATURE J. B. Karater	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 2829, Washington Blvd	

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

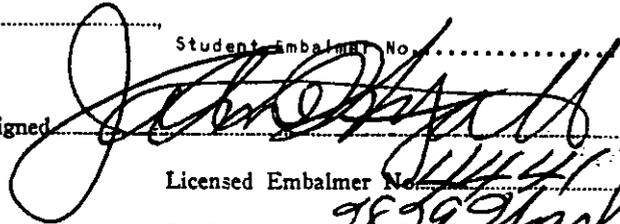
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.