

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 24481		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> . b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5654 Labadie Ave.</b>				STREET ADDRESS (If rural, give location) <b>5654 Labadie Ave. 2069</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Gordon</b>		c. (Last) <b>Dyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1954</b>		
5. SEX <b>Male</b> <input type="radio"/>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <b>Never married</b> <small>Widow Divorced Separated</small>		8. DATE OF BIRTH <b>Oct. 25, 1946</b>		
9. AGE (In years last birthday) <b>7 yrs.</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Luther Gordon Dyer</b>			13b. MOTHER'S MAIDEN NAME <b>Ima Jean Maupin</b>			14. NAME OF HUSBAND OR WIFE <b>None.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>Nil.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ima Jean Maupin, 5654 Labadie Ave.</b>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malaria</b>					<b>2 months</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Bowel obstruction</b>					<b>2 months</b>	
		DUE TO (c) <b>Sepsis</b>					<b>6 months</b>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Retracted and hard metastatic</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>200 ft.</b>				
22. I hereby certify that I attended the deceased from <b>Jan 1954</b> , to <b>July 27, 1954</b> , that I last saw the deceased alive on <b>July 28, 1954</b> , and that death occurred at <b>8:15 A. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Carl Smith, M.D.</b>				23b. ADDRESS <b>5601-St. Louis Ave.</b>		23c. DATE SIGNED <b>7/28/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-28-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Prairie Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Moscow Mills, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUL 29 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Pitman Funeral Home, Wentzville, Mo.</b>			

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~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Elton H. Remick*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.