

STANDARD CERTIFICATE OF DEATH

 State File No. **16602**
 Registrar's No. **3970**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) 3726 St. Louis Ave. 2190	
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3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Dyer			4. DATE OF DEATH (Month) 5 (Day) 1 (Year) 55		
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5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-5-1880		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 6 Days 26		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MI			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME John Gray			13b. MOTHER'S MAIDEN NAME Lucinda Dyer			14. NAME OF HUSBAND OR WIFE Deceased		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-16-5061		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jeannette Walton 3726 St. Louis Avenue			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Benign Prostatic Hypertrophy Tumor of Right Lung ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.				INTERVAL BETWEEN ONSET AND DEATH Undt.	
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19a. DATE OF OPERATION 4-6-55		19b. MAJOR FINDINGS OF OPERATION Trans-Urethral Resection of Prostate					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 610X	
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22. I hereby certify that I attended the deceased from 3-12, 1955, to 5-1, 1955, that I last saw the deceased alive on 5-1, 1955, and that death occurred at 12:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merle Starnford M.D.			23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 5-2-55		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-55		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
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DATE REC'D BY LOCAL REG. MAY 4 1955		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.				
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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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *James A Carter*

Licensed Embalmer No. *446*

P. O. Address *Alton*

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.