

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35365

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No.....

Registered No. **10551**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **3100 North** St., **15** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **44** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 25 1867**

7. AGE YEARS **61** MONTHS **1** DAYS **7** | If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housework**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Anton Dyr**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Canada**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **For Winston**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **England**  
(STATE OR COUNTRY)

14. INFORMANT **R. R. ...**  
(Address) **City Hospital**

15. FILED **21 25 1927** **Max E. Starkloff**  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 23 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 8**, 1927, to **Nov 23**, 1927, that I last saw him alive on **Nov 23**, 1927, and that death occurred, on the date stated above, at **7:00 p.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Diabetes mellitus  
Chronic interstitial nephritis**

**59** (duration) yrs. mos. da.

18. CONTRIBUTORY (SECONDARY) **Chronic myocarditis**  
**93** (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Edmund R. Sheridan, M. D.**

**11/27** (Address) **City Hospital**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cem.** | DATE OF BURIAL **11/26 1927**

20. UNDERTAKER **Witt Bros & Co 2929 Jefferson**  
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Index