

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

Do not use this space.

18738

**1. PLACE OF DEATH**

County..... Registration District No. **7911**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **39th & Park**)..... St. **St. Louis** Ward

File No.....  
 Registered No. **5132**  
 St. **St. Louis** Ward

**2. FULL NAME**

(a) Residence No. **Ida - 9312 Maple** St., **17** Ward, **St. Louis County**  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lora Elizabeth</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Jan 11, 1863</b>		
7. AGE YEARS <b>65</b>	MONTHS <b>3</b>	DAYS <b>28</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Timer</b> (b) General nature of industry, business, or establishment in which employed (or employer) <b>Public Service Co</b> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)..... **St. Louis**  
 (STATE OR COUNTRY)..... **Missouri**

10. NAME OF FATHER..... **James Dyer**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **St. Louis**  
 (STATE OR COUNTRY)..... **Missouri**

12. MAIDEN NAME OF MOTHER..... **Winkler**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **St. Louis**  
 (STATE OR COUNTRY)..... **Missouri**

14. INFORMANT **James J. Dyer**  
 (Address) **1991 Smith Ave**

15. FILED **May 11 1928** 19 **May C. Starckoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 9<sup>th</sup> 1928**

17. I HEREBY CERTIFY That I attended deceased from **May 1, 1928** to **May 9, 1928** that I last saw him alive on **May 9, 1928**, and that death occurred, on the date stated above, at **8:00 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**apoplexy - Cerebral hemorrhage**  
**14001**  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) **Hypertension**  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH.....**no**. DATE OF.....  
 WAS THERE AN AUTOPSY?.....**no**  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)..... **Robert Hyland** (M.D.)  
**5-10-1928** (Address) **3901 Park**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mount Olive** DATE OF BURIAL **5-12-1928**

20. UNDERTAKER **Choffmeister U & C** ADDRESS **781 P.S. Belmont**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

