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.

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

Do not use this space.

37830

1. PLACE OF DEATH

County ..... Registration District No. 791

~~Township~~ Christian Hospital Primary Registration District No. 1003

City St Louis, Mo. (No. Christian Hospital St. ..... Ward)

File No. .....

Registered No. 10950

2. FULL NAME Mr. Ralph Dyer.

(a) Residence. No. 4636 Moraine St., 9 Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/21/1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	7	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Terminal R.R.- Union Sta.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) OHIO

PARENTS

10. NAME OF FATHER PHILMORE DYER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) NOT KNOWN

12. MAIDEN NAME OF MOTHER DELLA BARRY

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) NOT KNOWN

14. INFORMANT Alta Dyer
(Address) 4636 Moraine

15. FILED ..... 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18th 1930.

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1930, to Nov 18, 1930 that I last saw him alive on Nov 18 1930 and that death occurred, on the date stated above, at 7 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Gall Bladder and Liver

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) [signature]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Nov. 15, 1930.
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo. A. Mellies, M. D.
Nov. 18, 1930 (Address) Lindell Trust Bldg. St. Louis.

*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	DATE OF BURIAL
Memorial Park	11/21 1930
20. UNDERTAKER	**ADDRESS**
Provost Und Co	3710 N. Grand