

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.

NOV 2 1935

31187

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis No. Deaconess Hosp. St. Ward)

File No.
Registered No. **7984**
St. Ward)

2. FULL NAME

(a) Residence, No. Walter J. Dyle St. NR Ward. East Haven Conn
(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5-1897
7. AGE YEARS 38 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cameraman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.Y. N. H. and Hartford RR
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut
13. NAME Walter J. Dyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut
15. MAIDEN NAME Catherine Haru
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

17. INFORMANT Thelma Dyle
(ADDRESS) E. Haven Conn
18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven Conn DATE 9-25 1935

19. UNDERTAKER Presty Bros.
(ADDRESS) 3029 Lafayette
20. FILED SFP 23 1935 19 J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22 1935
22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw him alive on 1/30 19..... Death is said to have occurred on the date stated above, at 1/8 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, Arterio-sclerosis, Congestion-Lungs Spenitis. (Global Pneumonia)
Pr cause unknown.
Date of onset

Other contributory causes of importance:
108
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Harold A. Dyle M. D.
9/23/35 (Address) W. D. ...

