

REC'D SEP 12 1938

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

791
1008

27205

Do not use this space.

7219

Registered No.

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 1391 Blackstone St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Joseph Gyer
 (a) Residence, No. 1391 Blackstone St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Gyer		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/15/59		
7. AGE	YEARS 79	MONTHS 2
	DAYS 27	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer	
	9. Industry or business in which work was done, as saw mill, bank, etc. Retired 10 yrs.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland	
	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	17. INFORMANT Bertha Bohmeyer (ADDRESS) 1391 Blackstone Ave.	
	18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE 8/16/38	
	19. FUNERAL DIRECTOR (NAME) Wm. C. Moydell (ADDRESS) 1926 Allen, Ave.	
	20. FILE NO. AUG 15 1938 <i>J. F. Budesh</i> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/12/38** 19

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935, to Aug 12, 1938
 last saw h. i. m. alive on Aug 12, 1938 Death is said to have occurred on the date stated above, at 11-15 m P
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis - nephritic interstitial arterio sclerosis

Date of onset

Other contributory causes of importance:
arterio sclerosis
Senility

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 *Paup Riley* M. D.
 (Signed) *Paup Riley* (Address) *110, Bldg, Grand & Fucal*

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Benjamin J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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 this body is not embalmed, above space should be left blank.