

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

NOV 25 1940

STANDARD CERTIFICATE OF DEATH

36281

Registration District No. 204

Primary Registration District No. 200

State File No. 36281

Registrar's No. 2040

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4411 Carson Rd. V
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years 5
(Specify whether
years, months or days)

8. (a) PRINT FULL NAME Elizabeth S. Dyer

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. F. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 11, 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 8 18 hr. min.

9. Birthplace Millwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

12. Name Stephen Mattingly

13. Birthplace St. Marys Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mudd

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary F. Mudd

(b) Address 6918 Washington

17. (a) Burial (b) Date thereof 10 31 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millwood Mo. (motor)

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 Natural bridge

19. (a) OCT 30 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. 4411 Carson Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1940 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from May 15, 1940 to Oct. 29, 1940
that I last saw him alive on Oct. 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Information of age

Due to 93 C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. Ernest E. Koles (M. D. or other)

Address 2301 S. Kingshighway Date signed 10/30/40

Paula B. B. B.
2301 S. Main St.
St. Louis, Mo.
8:30 AM, 12:15

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 _____

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36281

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2040

1. PLACE OF DEATH

- (a) County, St Louis
(b) City or town, Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4411 Carsonville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Elizabeth S Dyer

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

7

5. Color or
race W

6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if
alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

90

8

18

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 10-30-40
(Date received local registrar)

(b) TA Meyer ADP H
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 29
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Orville Estaley (M. D. or other)
Address 2301 King Hwy Date signed

