

FILED FEB 24 1942

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Wood River
(If outside city or town limits, write "RURAL.")
(d) Street No. 511-S. Ninth St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Earl Russell Dyer.

3. (b) If veteran, name war None 3. (c) Social Security No. 333-03-1285

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

6. (b) Name of husband or wife Martha H. Dyer 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased. June 13 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Greene County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Electric Welder

11. Industry or business Oil Refinery

12. Name Elmer James Dyer

13. Birthplace Greene County, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Rapier

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

16. (a) Informant Martha H. Dyer

(b) Address 511-S. 9th St. Wood River, Ill

17. (a) Burial (b) Date thereof Jan. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwood Ceme. Roodhouse, Ill.

18. (a) Signature of funeral director Robert H. Streaper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) JAN 23 1942 (b) J. F. Brobeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1942 hour 9 pm minute 30 M.

21. I hereby certify that I attended the deceased from 1-16-42
to 1-21-42
that I last saw him alive on 1-21-42
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Brain Trauma (postoperative)
Due to Brain Tumor

Other conditions 548
(Include pregnancy within 3 months of death)

Major findings: St. frontal lobe tumor
Of operations _____
Of autopsy h36

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? _____
(Specify type of place) (Means of injury)

23. Signature Lawellyn Sale, Jr. (M. D. or other) MO.
Address BARNES HOSPITAL Date signed 1/21/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Q

548

999
NR 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

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~~.....

Robert H. Streeper

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert H. Streeper

Licensed Embalmer No.....

2474

P. O. Address.....

Alton, Ill.

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; fact should be so stated above.