

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3636a Shaw Ave. /
(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 Sallie 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

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

7. Birth date of deceased Oct. 25, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 18 hr. _____ min.

9. Birthplace Moscow Mills Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Michael Scott

13. Birthplace Virginia /
(City, town, or county) (State or foreign country)

14. Maiden name Willie Lovvell

15. Birthplace Troy Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Basye

(b) Address 3636a Shaw Ave.

17. (a) Burial (b) Date thereof July 15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville Missouri

18. (a) Signature of funeral director Weick Brothers Und.

(b) Address 2201 S. Grand Bl.

19. (a) Jul 13 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3636a Shaw Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 12 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 12 1942
to July 13 1942
that I last saw her alive on July 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Esophagus 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 statistically.

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 L. H. Murray (M. D. or other) _____

Address 900 - Russell Date signed 7-13-42

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 *Nancy A. Stewart*
Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.