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

28269

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8 1942

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1719

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

(d) Street No. 204 West Marvin
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MARY SUSAN TYREY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Melvin Ferdinand Tyrey

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

7. Birth date of deceased August (Month) 5 (Day) 1872 (Year)

8. AGE: Years 70 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Robertson
13. Birthplace De Soto (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sarah Aldred
15. Birthplace De Soto (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Elmer E. Tyrey
(b) Address Fredericktown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown, Mo.

19. (a) AUG 14 1942 (Date received local registrar) (b) E. G. McGowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
1942 year 9 hour .05 minute P M.

21. I hereby certify that I attended the deceased from Aug. 6, 1942, to Aug 11, 1942
that I last saw her alive on Aug 11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy + Cerebral Thrombosis	6 days
Due to	
Due to Chr. Interstitial Nephritis + Chr. Myocarditis	3 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a
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?
(Specify type of place)
While at work? (e) Means of injury D

23. Signature C. G. Biesemeyer (M. D. ~~or other~~)
Address 762 Lemay Ferry Rd. Date signed 8-11-42

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(Licensed Embalmer's Statement on Reverse Side)

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, Mo.

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.