

S. No. 2
M-2-43
5-17-36
1 X 5597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22373

Nov 11 1943
D JUL 10 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1537

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Synie Dry
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced OS
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1943
(Month) (Day) (Year)

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

9. Birthplace Overland Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER
12. Name Glenn Dry
13. Birthplace Sikeston Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Greeson
15. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Dry
(b) Address 10,543-Lackland Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumman Bros. Inc.
(b) Address 2504-Woodson Rd Overland

19. (a) Jul 3 1943 (Date received local registrar)
(b) C. S. McDevon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland 46
(If outside city or town limits, write "RURAL")
(d) Street No. 10,543-Lackland Road 13
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 28, 43
_____ 19____ to July 2 1943
that I last saw him alive on July 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Premature Birth

Due to Cardiac Insufficiency

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

Major findings:
Of operations _____
Of autopsy _____
159

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 W. A. Schumacher (M. D. or other) D
Address 8816 W. Charles Rd Date signed July 2, 43

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

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..... *Oscar F. Mueller*

Licensed Embalmer No..... *3039*

P. O. Address..... *Overland 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.