

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1773

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Lambert Field
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis Lambert Field
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 38 yrs.
years, months or days)

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") 17
 (d) Street No. 13 Kingsbury
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas N. Dysart 497-0-1644

3. (b) If veteran, name war none 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Jessie Patton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 2 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Higbee Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Chamber Commerce

11. Industry or business _____

12. Name Dr. W. P. Dysart
 13. Birthplace Randolph County, Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Susan Collins
 15. Birthplace Randolph County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas N. Dysart
 (b) Address 13 Kingsbury Blvd.

17. (a) Burial (b) Date thereof Aug 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.

(b) 3621 Olive St.

19. (a) AUG 8 1943 (b) C. J. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
 year 1943 hour 4 minute P 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 In the crash of a glider. Duration

Due to Body completely mutilated.

Due to _____

Other conditions 173-6
(Include pregnancy within 3 months of death)

Major findings: 34
 Of operations _____
 Of autopsy No. 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) Accident 086
 (b) Date of occurrence August 1, 1943
 (c) Where did injury occur? Lambert Field
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

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

23. Signature Louis H. Roy 3 Cowan
(M.D. or other)
 Address Kirkwood, Mo. 8-2-43 Date signed _____

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

MOTHER FATHER

SEP 10 1943

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 Neville B. Prokutter

Licensed Embalmer No. 3696

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, fact should be so stated above.