V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21859

FILED AUG 3 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6132

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroughto Homer G. Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000 17
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4024 Fairfax (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WARREN DYER.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Dyer
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug (Month) 3 (Day) 1881 (Year)

8. AGE: Years 63 Months 11 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labor.
11. Industry or business
FATHER
12. Name Wm Reed Dyer.
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mattie
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mamie Dyer
(b) Address 4024 Fairfax
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave
19. (a) JUL 25 1945 (Date received local registrar) (b) J Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1945 hour 5 minute 00 P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to 94

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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
23. Signature Alfred G Perry (M. D. or other)
Address Deputy Coroner Date signed 7/23/45

(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 J. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin ave

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.