

Registration District No. _____ Primary Registration District No. _____

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:
City Infirmiry
(If not in hospital or institution, write street address and location)
(d) Length of stay: In hospital or institution **7/19/45 to 5/31/46**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Camilia Dyer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Isaac Dyer** 6. (c) Age of husband or wife alive **70** years

7. Birth date of deceased **May 1 1889**
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **30** If less than one day _____ hr. _____ min.

9. Birthplace **Decatur Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER

12. Name **Henry James**

13. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte**

15. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmiry Records**

(b) Address **5800 Arsenal**

17. (a) **Burial** (b) Date thereof **Jun 5 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **English Und. Co**
(b) Address **2931 Linden Ave**

19. (a) **JUN 8 1946** (b) **J. F. Brediek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Do.**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **919 Cabanne**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
year **1946** hour **9** minute **09 AM**

21. I hereby certify that I attended the deceased from **July 19 1945** to **May 31, 1946**
that I last saw her alive on **May 31, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Vascular Accident** Duration **36 hr.**

Due to **Pulmonary Edema** 12 hr.

Due to _____
Other conditions (Includes pregnancy within 3 months of death) **g.g.**

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 **Edwin Prussia Bowditch** (M. D. optional)
Address **City Infirmiry** Date signed **6-3-46**

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 *Birleson English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas 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.