

S. No. 2
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5-17-39
PI X4770

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **25489**
Registrar's No. **7256**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
5054a Pernod Ave. /
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 7 5054a Pernod
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET K. DYER
(b) If veteran, name war None
(c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late James P.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 22 hr. min.

9. Birthplace South Bend Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name John T. Kerr
13. Birthplace Ireland
14. Maiden name Mary Kane
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant A. A. Griesbauer
(b) Address 5054a Pernod Ave.

17. (a) Burial (b) Date thereof 8 6 47
(c) Place: burial or cremation Calvary Cemetery
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 4 1947 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 4th
year 1947 hour 112 minute 30 A M.
21. I hereby certify that I attended the deceased from Aug. 29
1945, to Aug. 4 1947
that I last saw her alive on August 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Chronic Myocarditis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? _____
(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 Joseph A. Lembeck, M.D.
Address 607 N. Grand Date signed 8-4-47

Duration 16 mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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: *Richard W. Stovessand*
Licensed Embalmer No. *4007*
P. O. Address.....

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. 67