. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33464 38694

Registration District No. 318 Primary Registration District No. 1003 Registrar's 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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2830 Pine St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irene Dyer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Walter Dyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 13 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
52	8	4	hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name William Buskin
13. Birthplace S. C. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Clara Tidel
15. Birthplace S. C. (City, town, or county) (State or foreign country)
16. (a) Informant Marguerite Smith
(b) Address 1424a Franklin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street
19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 17 year 1947 hour 12 minute P M.
21. I hereby certify that I attended the deceased from ?Sept. 14, 1947 to Sept. 17, 1947 that I last saw her alive on Sept. 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Prob. Carcinoma of Liver - Metastatic from Liver	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause of 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 John B. Clayton (M. D. or other)
Address 2601 N Whittier Date signed 9/19/47

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

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.