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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

38067

Registration District No. _____

Primary Registration District No. _____

1005

Registrar's No. _____

9944

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

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:
Enroute to Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 5 years (Yes or No)
years, months or days)

3. (a) PRINT FULL NAME John Dyson Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 432-26-5345

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Dyson 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 25 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>44</u>	<u>6</u>	<u>19</u>	hr. min.

9. Birthplace Oceola Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business St. Louis Brickette Co.

12. Name John Dyson Sr.

13. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown unknown 9

15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Dyson

(b) Address 2742 Dayton St.

17. (a) Burial (b) Date thereof 11-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) NOV 16 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2742 Dayton St.
21 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 1948 hour 8 minutes 25 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 _____
Chronic Arteriosclerosis
of the Arteries
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify type of place)
Means of injury 3
23. Signature W. H. Perry (M. D. or other)
Date signed 11/16/48

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

Fulton E. Culkin

Licensed Embalmer No.

498

P. O. Address

Warren 131

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.