

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10041

State File No. ....

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2202

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>2119</u> OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		1/ STREET ADDRESS (If rural, give location) <u>4059 Finney Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) c. (Last) <u>Dyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-15-1874</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Joseph Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Blue</u>	14. NAME OF HUSBAND OR WIFE <u>Dennis Dyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George Smith 4364 Delmar</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Hit by car</u>	
22. I hereby certify that I attended the deceased from <u>3-11</u> , 19 <u>51</u> , to <u>3-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>51</u> , and that death occurred at <u>8:30p. m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Alvin Hauptmann, M.D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>3-20-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR 23 1951</u>	REGISTRAR'S SIGNATURE <u>J B Kasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Manuel Und. Co. 4059 Finney Av.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.