

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22811

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>5531</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) <b>6 weeks</b>	a. STATE <b>Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		b. COUNTY <b>Scott 10-30</b>		
3. NAME OF DECEASED (Type or Print)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Illmo</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route</b>
a. (First) <b>Homer</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Dyer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-27-53</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-29-1892</b>	9. AGE (In years last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Oran, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Wade Dyer</b>		13b. MOTHER'S MAIDEN NAME <b>Hugh D. Howle</b>		14. NAME OF HUSBAND OR WIFE <b>Alena Dyer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-09-5261</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alena Dyer, Illmo, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral edema</b>		ANTECEDENT CAUSES		<b>1 or 2 wks</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Chronic Congestive Heart Failure</b>		<b>6 wks.</b>
DUE TO (c) <b>Rheumatic Heart Disease</b>		DUE TO (c) <b>Aortic stenosis</b>		<b>30 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>NO</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		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) <b>6:20 AM 5/27/53</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall</b>
22. I hereby certify that I attended the deceased from <b>19 April 1953</b> , to <b>27 MAY 1953</b> , that I last saw the deceased alive on <b>26 MAY 1953</b> , and that death occurred at <b>6:25 A.M.</b> , from the causes and on the date stated above.				
22a. SIGNATURE <b>W. Baumgartner M.D.</b>		22b. ADDRESS <b>3720 Washington St. - St. Louis</b>		22c. DATE SIGNED <b>5/28/53</b>
23a. BURNED, CREMATION REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-29-53</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Illmo, Mo.</b>
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR'S SIGNATURE <b>Bisplinghoff F.H., Illmo, Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 3 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bisplinghoff F.H., Illmo, Mo.</b>		

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ronald O'Y*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

3917  
ST

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.